within 72 hours after death

5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages trand 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event

the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form

necessary, please execute the certificate, writing the word "pending"

TO DEPUTY MEDICAL EXAMINER:

This certificate should be executed within 24 hours after death. If

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07377	ME	DICAL EXAMINER'S	CERTIFICATE O	F DEATH	07354
1. PLACE OF DEATH				Where deceosed lived, if institution: Re-	sidence before admission)
o. COUNTY Wicomic	20	MARYLAND	o. STATE Marv	b. COUNTY	Wicomico
b. CITY OR TOWN (If outside cor	porote limits,	c. LENGTH OF STAY IN 1b	7	utside corparote limits, write RURAL onc	
write RURAL and give negres Salisbu		years	Sali	sbury	22.1
d. NAME OF HOSPITAL OR INSTIT	UTION (If not in hospital	give street address)	d. STREET ADDRESS		e. IS RESIDENCE
DOA PENINS	SULA GENERA	L HOSPITAL	305 Gord	v Road	ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First EDNA I	Middle Al	Losi VDREWS	4. DATE Month OF DEATH 5-15	Doy Year 19
S. SEX 6. COLOR C	OR RACE 7. MARRIEL	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years   IF UN	IDER 1 YEAR   IF UNDER 24 HRS.
F W	WIDOWE	DIVORCED	Feb. 12, 190	lost birthdoy) Mont	ths Doys Hours Min.
10a. USUAL OCCUPATION (Give kind o	work done 10b.	KIND OF BUSINESS OR	11. BIRTHPLACE (Stote	or foreign country)	2. CITIZEN OF WHAT
during most of working life, even if re	irear	None	Marion, N	/d.	USA COUNTRY?
13. FATHER'S NAME		· · · · · · · · · · · · · · · · · · ·	14. MOTHER'S MAIDEN	NAME	
Hughes Ford			Mamie Pus	sey	
15. WAS DECEASED EVER IN U.S. ARM	ED FORCES?	SOCIAL SECURITY NO. 17.	INFORMANT	Address	
(Yes, no, or unknown) (If yes give w	ne agrees of service)	20-01-8656 01	lie F. Andre	w, Same as 2. abo	cd
18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSED IN THE PART II. DEATH WAS CAUSED IN THE PART III. DEATH WAS CAUSED IN THE PART II. DEATH WAS CAUSED IN THE PART II. DEATH WAS CAUSED IN THE PART II. DEATH WAS CAUSED IN THE PART III. DEATH WAS CAUSED III. DEATH W	SED BY: Dag				INTERVAL BETWEEN ONSET AND DEATH MINUTES
Alas X	DUE TO	milorial y dinbollar	,		MILITAROOO
Conditions, if ony, which gove					
rise to immediate couse (a),	DUE TO			_	
stating the underlying cause last.	(c)				
PART II. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COM	NDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES X NO
200. EXTERNAL CAUSE WAS PRIMARY   Or CONTRIBUTING I	□ 20b. I	DESCRIBE HOW INJURY OCCURRED	. (Enter nature of injury in	Port I or Port II of item 18.)	
20c. TIME OF INJURY Month, Hour o.m. p.m.	Whi		ACE OF INJURY (Home, form ctary, street, office bldg., etc.)		(County) (Stote)
21. I certify that I to	ook charge of the re	emoins described obove, h	eld on Autopsy 🔼,	Inspection X, Inquiry	X, ond in my opinion
deoth resulted from	Noturol couses	X, Accident , Su	cide , Homicide	Undetermined monner	
1	1.		CHIEF MEDICAL	EXAMINER	
ACTUAL SIGNATURE	100		M.D. ASSISTANT MED	OICAL EXAMINER	22. DATE SIGNED
EXAMINEDS Earl I	L. Royer, M	·A.	DEPUTY MEDICA Address (Street	AL EXAMINER XI	May 16, 1967
40/ 24	amden Ave.,	Salisbury, Md		23d. LOCATION (City or Town)	(County) (Stote)
REMOVAL (Specify)	ay 18, 196'			Marion, Md.	(2,0,0)
24. FUNERAL DIRECTOR	-, 109 170	ADDRESS		D BY REGISTRAR 25b. REGISTRA	R'S SIGNATURE
Bradshaw Funer	ral Home, C	risfield, Md.	DATEMA	Y 9 9 1967 PCL	exter Inda

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14 . TE mod Little . Es The city of the same of the sa . in the property of the state 5-9-67 THE HAVE A STATE AND THE PROPERTY AND TO A DATE OF THE PARTY OF THE PA THE PRODUCT OF STREET, PRINCE WAY II 1967 PERSON LINES

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

7373	CERTIFICATE OF	DI
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07356

	o. COUNTY			re deceased lived, it institution	
	Wicomico	MARYLAND	O. STATE	b. COUNTY	Wilcomico
	b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	e corporote limits, write RURAL	ond give neorest town)
	write RURAL and give nearest town)	DAA	Kind	1.	201
-	d. NAME OF HOSPITAL OR INSTITUTION (If not in h	pospital give street address)	d. STREET ADDRESS	1179	I e. IS RESIDENCE
2			d. Sikeelyhookess		ON A FARM?
1		neral Hospital			YES NO
1	3. NAME OF Pirst	Middle	D Lost 4	DATE Month	Doy Year
1	(Type or print)	35 /1,	paker.	DEATH ///ac/	17 1967
	S. SEX 6. COLOR OR RACE	MARRIED NEVER MARRIED	8 DATE OF BIRTH		Months Doys Hours Min.
1	110/6 110910	IDOWED DIVORCED	2 - 5 - 95	72 yrs.	
	I Oo. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	1Db. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & St	ote, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
1	2 0 E	Sextout	Domoits	et. Mt.	1303
	13. FATHER'S NAME	D ./	14. MOTHER'S MAIDEN NAM	E ,	
	Ch 71/23	1.57 Kes	571-	7h -	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES?		INFORMANT	Address	( 3 4 1 )
1	(Yes, no, or unknown) (If yes give wor or dotes of serv	ice)	tone, Yu	SIKEX TY	Jokin, No.
F	18. CAUSE OF DEATH (Enter only one couse pe	r line for (a) (b) ond (c).)	2	1 41	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Orleges Ch	Mell I W	earl Atal	ONSET AND DEATH
-	4/200 DUE TO	1 -1 .	0	A STATE OF THE PARTY.	1 1 1
-	Conditions, if ony, which gove ) (b)	( Will rest	laran.		male tenet
4	rise to immediate couse (o), stating the underlying couse		0		
	lost. (c)				
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDIT	ION GIVEN IN PART I(o)	19. WAS AUTOPSY
3 3					PERFORMED? YES NO
100	20o. ACCIDENT WAS UNDERLYING	20b. DESCRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in Port	Lor Port II of item 18.)	
1	200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		(,		
		2Dd. INJURY OCCURRED 20e, P	LACE OF INJURY (Home, form,	20f. (City or town)	(County) (Stote)
1	Hour o.m.	While Not While for	octory, street, office bldg., etc.)	2011 (011) 01 101111	(0.0.0)
	p.m. 17	otwork U otwork U	(1/2) -22 - 10	1	
1	21. I certify that (I) (this haspital	) attended the deceased tram	17mg, 19		2, 18, that (I) (we) last
	saw the deceased alive an	1961, and th	nat death accurred at &	M, fram causes ar	nd an the date stated above.
	220. SIGNATURE	011	ATTENDING ME	D. STAFF	22b. DATE SIGNED
	2 your re		M.D. PHYS.	RECTOR L PHYS. L	17745/
	22c. PHYSICIAN'S NAME (Type)	thonell	22d. ADDRESS	main 5	7. JK. hd
=	230. BURIAL, CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY I	23d. LOCATION (City or Town	(County) (Stote)
1	Tool brite billion	The same of crimetent of			
	REMOVAT(Specify)	187 NISK,	nom.	TO 55/12	a Mo
-	REMOVAL(Specify)  24. FUNERAL DIBECTOR	ADDRESS	250. BEG D. B	REGISTRAR 25b. REGIS	a) Mt

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar ta burial, crematian, or remayal, and in any event within 72 hours after death. O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07380			CERTIFICA	TE OF	DEATH			- 0	735	7
1. PLACE OF DEATH				2. U	UAL RESIDENCE (V	Where dece	eased lived, if instit	rutian: Resider	nce before oc	lmissian)
a. COUNTY	TTS		MARYLAND	a.	STATE	rylan	h (O	HINTY	chest	
h CITY OF TOWN /I	Wicomico  If outside corporate limits.		LENGTH OF STAY IN 1b	( (1			orate limits, write R			
	give neorest town)							TOKAL ONG GIV	e lieulesi lu	wii)
	Salisbury		41 days			mbrid	lge		64.2	1000
d. NAME OF HOSPITA	AL OR INSTITUTION (IF not in	haspital, give s	street address)	d. S1	REET ADDRESS					RESIDENCE N A FARM?
	Deer's Head	State	Hospital		)10	1 Her	ry Stree	t	YES	□ NO □
NAME OF	First	Doane	Middle		Lost	4. DATE		onth	Doy	Year
(Type ar print)	TITTTTAM		TOTAL	D	ELL	OF DEAT	rH 5	,	15	1967
SEX	6. COLOR OR RACE 7	MARRIED	JOHN NEVER MARRIED		OF BIRTH	DEAL	9. AGE (In years		100	UNDER 24 HRS
							ast birthday)	Manths		aurs Min.
M	14	/IDOWED	DIVORCED		.6,1919		47 yrs.			
Da. USUAL OCCUPATION uring mast af warking	(Give kind af wark dane	10b. KIND C	F BUSINESS OR	11.1	BIRTHPLACE (County	& State, ar	fareign country)		TIZEN OF WE DUNTRY?	TAT
Laborer		1140031	N I		Camb	ride	20		U.S.	
3. FATHER'S NAME				14.	NOTHER'S MAIDEN I					
	John W Dol			- 3	Four	00 0	Smith			
S WAS DECEASED EVE	Tohn W. Bel. R IN U.S. ARMED FORCES?	16 5001	AL SECURITY NO. 1	7. INFORM				dress CI +		- 10
Yes, na, or unknown)	(If yes give war or dates of sen		The same of the sa				1 Henry			
No				John	W. Bel	1, C	ambridge	e, Md		
18. CAUSE OF DE	EATH (Enter only one cause pe								INTERV	AL BETWEEN
PAKI I. DEAI	TH WAS CAUSED BY:  IMMEDIATE CAUSE (a)	Bron	chopneumon	ia	ALL STATE		FOREIGN PARTY		To	AND DEATH
191.6	DEVENTION	2011								
Conditions, if ony,	, which gove ) (b)	Meta	static epi	dermo	id carci	noma	right ar	m.	le m	onths
rise to immediat	e cause (a), ( DUE TO	righ	t axilla a	nd sk	in right	ante	erior che	est wal	ih .	
stating the under	rlying cause	_	ermoid CA,		-					years
	OMERCANY COMPLYIOUS CONTR							ICI		S AUTOPSY
PART II, OTHER SI	GNIFICANT CONDITIONS CONTR	IBUTING TO DE	ATH BUT NOT RELATED	IO THE TER	MINAL DISEASE CON	NDITION GI	IVEN IN PART I(0)		PER	FORMED?
200. ACCIDENT WAS									YES [	NO [
20o. ACCIDENT WAS	UNDERLYING [	205. DESCRIE	BE HOW INJURY OCCURR	ED. (Enter r	ature of injury in	Part 1 or P	Port II of item 18.)			
(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)									
	JRY Month, Day, Year	20d. INJURY	OCCURRED 20e.	PLACE OF I	NJURY (Hame, form	n, 20f.	(City or tawn)	(Co	unty)	(State)
Haur o.n	n.	While	Not While		et, affice bldg., etc.)			***	"	(/
р.п	11.	at wark L	ot work	7	7 1	0/12		15 104	2	400 4 0 4
21. I certif	fy that (1) (this haspita	l) attended	the deceased tram	Apri	14 , !	1967	to May	15, 195	2/, that	(I) (we) le
	eceased alive an Ma	1 T2	19 <u>_67</u> , and 1	that deat	h accurred at	זככייו	M, fram cause			tated abay
220: SIGNATURE	11 1 1		At	A1	TENDING	MED.	STAFF		ATE SIGNED	
Cras	Howk	nace	000	M.D. PI	YS.	DIRECTOR		IX 5/1	15/67	
22c. PHYSICIAN'S				2	2d. ADDRESS					Md.
NAME (Type)	Chas. H. V	Vinnaco	tt, M. D.		Deer's H	ead S	State Hos	spital.	Sali	sbury
3o. BURIAL, CREMATIC			BC. NAME OF CEMETERY				LOCATION (City or		(County)	(Stote)
REMOVAL (Specify)	1						mbridge		(coomy)	(21016)
Burial		170/	Green Law	III CE				-	TONATURE	
24. EHNERAL DIRECTO	11.6 2 2 1 1		ADDRESS		2So. REC'I			REGISTRAR'S S		100
Benner	A. Thorne	aw,	Cambridge	, Md.	DATMA	Y 18	1967	Milan	Dy you	1

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the faveral director, page 3 should be detached far use as the burial-transit permit. Then please ren overcarban papers. Pages 1 and 2 should be filed with the State Dept. at Health priar to burial, crematian, or remaval, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician.

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07381 CERTIFICATE OF DEATH ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH filled in by the funeral a. COUNTY b. COUNTY Wicomico MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) hours papers. d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Peninsula General Hospital M YES NO nin 3. NAME OF First Middle 4. DATE Month Doy Year Last campletely 200 W DECEASED OF (Type or print) a DEATH 0 00 Car event IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH AGE (In years **NEVER MARRIED** remave last birthday) Months Hours Days in any WIDOWED DIVORCED mai and 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 10b. COUNTRY ? during mest of working life, even if retired) **INDUSTRY** signed by the attending physician burial-transit permit. Then please burial, crematian, ar remaval, and i F 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 17. INFORMÁN 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war or dates of service INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for ta), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital or attending physician. DUE TO Conditions, if ony, which gave (b) rise to immediate cause (a), DUF TO stoting the underlying couse has been ed far use as the af Health priar to lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO K O FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW, INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER State Dept. MEDICAL 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) Hour o.m. While Not While foctory, street, office bldg., etc.) 19 at work at work pe 21. I certify that (I) (this hospital) affended the deceased from shauld filed with the and that death occurred at Star M, fram couses and on the date stated above saw the degeosed olive on. 3 19 220. SIGNATURE 22b. DATE SIGNED MED STAFF M.D DIRECTOR PHYS PHYS directar, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION 23b. DATE THEREOF (County (State) REMOVAL (Specify) REGISTRAR'S SIGNATURE ADDRESS 2Sa. REC'D BY REGISTRAR 2Sh. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

Appropriate de Militaria de Son

# FOR TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta PM3. Page TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with The State Department in pencil in Item 18. Give Pages 1, 2, the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm Health priar ta burial, crematian, or remaval, and in any event within 72 haurs after death. necessary, please execute the certificate, writing the word "pending" 5 may be retained far yaur files.

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07382 Item #9	FMEDICAL EXAMINER'S	CERTIFICATE OF	DEATH	07359
1. PLACE OF DEATH o. COUNTY Wicomico	MARYLAND	2. USUAL RESIDENCE (WI o. STATE Mary l	h count	nn: Residence before admission)  Worcester
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury	c. LENGTH OF STAY IN 16	1	side corporate limits, write RUR/ n City	232
d. NAME OF HOSPITAL OR INSTITUTION (II not in DOA Peninsula Ger		d. STREET ADDRESS	l. Maryland	Motel e IS RESIDENCE ON A FARM?
3. NAME OF First	Middle	Last	4 DATE Month	Doy Year
(Type or print)		HOP	DEAIN	26-67
	MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH	9. AGE (In years 61lgs (In hday) yrs.	Manths Days Hours Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, eyen il retired)	10b. KIND OF BUSINESS OR SNOUSTRY SELF EMA	11. BIRTHPLACE (Store o	r foreign country) N (REEK W. V.	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	INS BISHDA	14. MOTHER'S MAIDEN N	PATE BA	KEO
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no ocunknown) (If yes give vapor dates af ser		NFORMANT  (RS J. B.	BISHOP O	OFAN CITYMO
1B. CAUSE OF DEATH (Enter only one cause p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	er line far (a), (b), and (c).)	Oselus	ST.	WERVAL SETWEEN CONSETTANT DEATH
DUE TO		-		
Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	0			
PART II OTHER SIGNIFICANT CONDITIONS CONTE	RIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COND	DITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
20g. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBUT	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Po	art I ar Part II al item 18.)	YES NO M
20c. TIME OF INJURY Month, Doy, Year Hour a.m. p.m. 19		CE OF INJURY (Hame, larm, ary, street, affice bldg., etc.)	20f. (City ar tawn)	(Caunty) (State)
21. I certify that I taak charge of death resulted from Natural co	/	ld an Autapsy, ide, Hamicide   CHIEF MEDICAL E	, Undetermined ma	iry 🛣, and in my opinior
ACTUAL SIGNATURE	he		CAL EXAMINER _	22. DATE SIGNED
EXAMPLER'S Earl L. Royer NAME (Type) 1,09 Camden Av	, M.D e., Salisbury, Md.	DEPUTY MFDICAL Address (Street,	eity, town, or county)	May 29, 167
230. BURIAL, CREMATION, 23b. DATE THEREO	F 23c. NAME OF CEMETERY OR	CREMATORY D G	3 FRL	(State)  (Gounty) (State)
24. FUNERAL DIRECTOR	ADDRESS	2Sa. REC'D	BY REGISTRAR 2Sb. REG	GISTRAR'S SIGNATURE

1967

VR A15ME (5)

Burbage Funeral Home, Berlin, Md.

38 ". 250". HE SELLE SALL TO Common of the second and the same of

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #8 Film #G38 CERTIFICATE OF DEATH executed within 24 hours after deoth. and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence . PLACE OF DEATH filled in by the funeral papers. Pages, and o. COUNTY. b. COUNTY o. STATE MARYLAND ourside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF/STAY IN 1b ond in ony event, within 72 hours IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) NO V Peninsula General YES Hospita DATE Year 3. NAME OF Middle pou completely DECEASED 3 R166 DEATH 19 6 (Type or print IF UNDER 1 YEAR IF UNDER 24 HRS 9: AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED remove Months Haurs MAle WIDOWED DIVORCED 12. CITIZEN OF WHAT . BIRTHPLACE (County & State, or foreign country) 1Do. USUAL OCCUPATION (Give kind of work done 10b. OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be during most of working life even if retired)\_ physician i leose NSURANCE 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME signed by the attending physi burial-tronsit permit. Then pl burial, crematian, or removol, WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMAN (If yes give was ar dates of service INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Page 4 may be retained by the hospital or attending physician. 4200 DUE TO nean Canditions, if any, which gave 4/1 rise ta immediate cause (a). DUE TO stoting the underlying cause hos been be detached for use os the Stote Dept. of Health prior to the agu! receive a schemosis, last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO. TO FUNERAL DIRECTOR: After this certificate 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 2Do. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 2Dd. INJURY OCCURRED 2Dc. TIME OF INJURY Month, Doy, Year Hour a.m foctory, street, affice bldg., etc.) Nat While at work at work 21. I certify that (1) (this haspital) attended the deceased fram answer, 1963, to Man 1967, that (I) (we) last plnous 1967, and that death occurred at 15/A M, fram causes and an the date stated above. saw the deceased alive an. 22b. DATE SIGNED 22a. SIGNATURE PHYS DIRECTOR PHYS M.D. filed director, poge should be filed 22d. ADDRESS 22c. PHYSICIAN'S AME (Type) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23a. BURLAL, CREMATION 230 2So. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 2Sb. 24 PUNERAL DIRECTOR VR A15 (4 196 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

ON TOWARD THE STATE OF THE

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH furieral s 1 and 2 the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) 1. PLACE OF DEATH o. COUNTY b. COUNTY Maryland Vorcester after Wicomico MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) and completely filled in by the remave carban papers. Pagin payevent, within 72 hours Berlin. days Salisbury e. IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 302 Williams Street YES NO Deer's Head State Hospital 4. DATE 3. NAME OF First Middle Lost Month Doy Year DECEASED 19 67 24 BOOTH WHEA LTON my event, (Type or print) GEORGE DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. AGE (In years DATE OF BIRTH S. SEX 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** lost birthdoy) Months Dovs Hours WIDOWED DIVORCED 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) = physician a COUNTRY? during most of working life, even if retired) INDUSTRY and CHINCOTEA TRUCK 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME crematian, ar remaval, attending phys 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit p burial, cremati ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cerebral thrombosis ATTENDING PHYSICIAN: The law requires that IMMEDIATE CAUSE (o) by Page 4 may be retained by the haspital ar attending physician. DUE TO Generalized arteriosclerosis Years Conditions, if ony, which gove rise to immediate couse (o), DUE TO ed far use as the to af Health priar ta b stoting the underlying couse last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION FUNERAL DIRECTOR: After this certificate 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. Not While ot work ot work Mav 1967, that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased fram. May director, page 3 shauld shauld be filed with the and that death accurred at 840 PM, fram causes and an the date stated above. 19 67 saw the deceased alive an. May 22b. DATE SIGNED 220. SIGNATURE M.D. PHYS DIRECTOR PHYS. 22d. ADDRESS PHYSICIAN'S NAME (Type) Deer's Head State Hospital, Salisbury, Mitchel : 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City or Town) BURIAL, CREMATION, 23b. DATE THEREOF (County) (State) REMOVAL (Specify) 0 DURIA 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 1967

THE RESERVE OF THE PROPERTY OF and the same of the 1 . W. W. 45 Jones Late Leil Disputation Market State of the State of th A TAMBELLE COLLEGE OF THE COLLEGE OF 11.7.1

# TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by-the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon begins. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A1S (4) 20M 5-63

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	07385 Item #7 Film #CERTIFICA	TE	OF DEAT	Н			0736	2
	LACE OF DEATH	11 2.	USUAL RESIDEN	CE (Where decee	sed lived, If In	stitution: Resid	ence before	edmission)
	COUNTY Wicomico MARYLAND		a. STATE Mary	land	b. COUNT	Y Wico	omico	
	CITY OR TOWN (if outside corporate limits, write RURAL and give negrest town)		c. CITY OR TOWN (I	Salisby		RURAL and giv	nearest to	wn)
	NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)  1328 Glen Ave.		d. STREET ADDRESS	28 Gler	n Ave.		ON	A FARM?
	VAME OF First Middle DECEASED Type or print) Agnes Louise	Вс	Lest Ownan	4. DATE OF DEATH	Month May	6,	Y 900	10
5.	emale   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED		ov. 7, 1902		GE (In years   I est birthdey) 	Months Days		Min.
10a dor	USUAL OCCUPATION (Give kind of work e during most of working life, even if retired)	TRY 1	1. BIRTHPLACE (Coun	ity & State, or for	eign country)		JSA	COUNTRY
13.	FATHER'S NAME	14.	MOTHER'S MAIDEN	NAME				
	Frank Fleming		Lena	Sparks	5			
	WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. no, or unknown) (Ifyesgivewerordatesofservice)	INF	ORMANT		Address			
	1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)  Out to Metastases to Conditions, if eny, which geve rise to immediate cause DUE TO  DUE TO  DUE TO		of Colo Livee	n w	; th		INTERVAL BE	
	(a), stelling the underlying couse last. (c)							
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	NOT RI	ELATED TO THE TERMIN	NAL DISEASE CO	NDITION GIVE	N IN PART 1(e)		NO 🔼
	20e. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURI OR CONTRIBUTING   CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (I	inter nature of injury in	n Part I or Part II o	f item 1B.)			
MEDICAL			OF INJURY (Home, fern street, office bldg., etc.		town)	(County)		(Stete)
	21. I certify that (I) (this haspital) attended the deceased from saw the deceased alive on PYT 15 1967, and that			1963, to				
		M.D.	PHYS.	MED.	STAFF PHYS.	May	8,196	SIGNED
	22c. PHYSICIAN'S NAME (Type)		Pine Bluf	I Road.	Solisi	bury.	Md.	
	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY POPLOR		PRENGS PRENGS	POP	ON (City, tow	PRIN		1D
24	Moore Funeral Home Denton, Me	d.	MAY	1 1 1967	R 25 1 25G	istrap's sign	NA TURE	

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with the State Department of

2, and 3 ta PM3. Page farm Pages This certificate shauld be executed within 24 haurs after death. the funeral directar. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with Item 18. Give after death. pencil in 1 File pages in any event within 72 haurs a burial-transit permit. "pending" the ward may be retained far yaur files. FUNERAL DIRECTOR: Page 3 should be used as ar remayal, please execute the certificate,

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 07386 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE b COUNTY a. COUNTY Maryland Somerset Wicomico MARYLAND c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest tawn) c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)
Salisbury Crisfield 21 days d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Deer's Head State Hospital 1st and Maple Sts. YES NO 🔀 3. NAME OF Middle 4 DATE First Last DECEASED BRADSHAW MISSOURI R. 5-4-67 DEATH (Type or print) 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE B. DATE OF BIRTH S SEX 7. MARRIED NEVER MARRIED lost birthday) 87 yrs. Dovs Hours Dec. 24, 1879 WIDOWED TX DIVORCED 11. BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done COUNTRY? during mast of working life, even if retired) INDUSTRY None Fairmount, Md. 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Eliza Thomas John T. Tyler 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war ar dates of service) 17. INFORMANT Address 110 W. 12th Ave. 16. SOCIAL SECURITY NO H. W. Roach, N. Wildwood, N. J. 212-16-7699 INTERVAL BETWEEN ONSET AND DEATH days 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: Bronchopneumonia IMMEDIATE CAUSE (a) DHE TO Canditians, if any, which gave rise ta immediate cause (a), DUE TO stoting the underlying cause 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Intertrochanteric fracture of right hip NO X 20a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part It of item 18.) Fell at own home. CAUSE OF DEATH. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or tawn) (State) 20c. TIME OF INJURY Month, Day, Year Nat While factory, street, affice bldg., etc.) 4-13-67 Crisfield, Somerset, Md. own home at wark Inspection X Inquiry X, 21. I certify that I took sharge of the remains described above, held on Autopsy ond in my opinion Accident X Homicide Undetermined monner deoth resulted from: Notural couses Suicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE EXAMINER'S Earl L. Royer, M.D. DEPUTY MFDICAL EXAMINER X May 5, 1967 Address (Street, city, town, or county) NAME (Type) Salisbury, Md., 409 Canden Ave 23d. LOCATION (City or Town) (County) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Burial (Specify) Crisfield, Md. May 8, 1967 Sunnyridge Cemetery 25b. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR Milanles Judge MAY 9

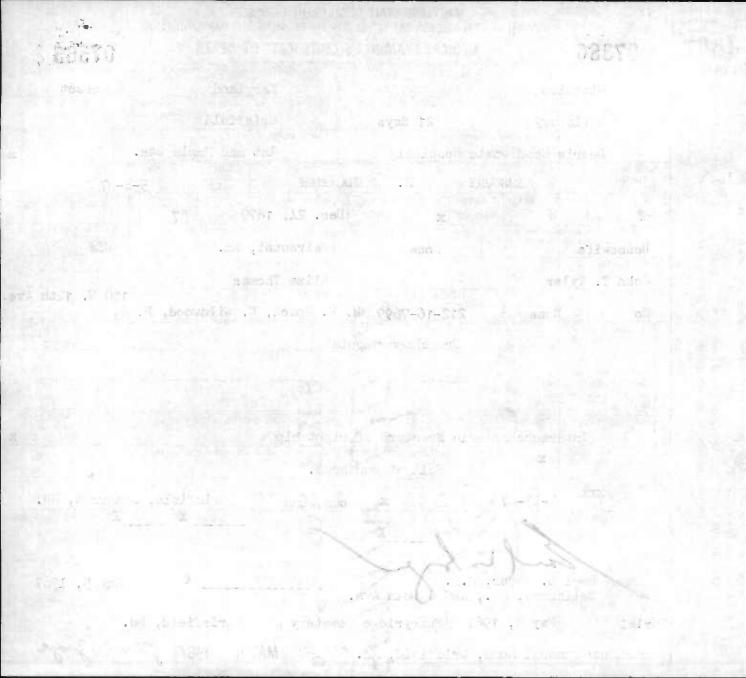
VR A15ME (5)

5 may to FUNER

Bradshaw Funeral Home, Crisfield, Md.

crematian,

O DEPUTY MEDICAL EXAMINER:



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201-

FOR STAT	E		04384	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	07364
EALTH DE	PT.		LACE OF DEATH		2. USUAL RESIDENCE (Where deceosed lived, if institution	
th. If any deloy is ges 1, 2, on 2 to it form PM. Page ate Deportment of			CITY OR TOWN (If outside corporate limiter RURAL and give negrest town)  Salisbury	MARYLAND its, c. LENGTH OF STAY IN 16	o. STATE b. COUN  Maryland c. CITY OR TOWN (If outside corporate limits, write RUR  Pittsville	Wicomico
, 2, n P	- G		. NAME OF HOSPITAL OR INSTITUTION (If I	not in hospital, give street oddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
es 1, form form	bours 80		Peninsula (	General Hospital	P.O. Box 115	YES NO
P & 5	N		FCEASED	First Middle	Lost 4. DATE Montl	
8. Give Following with the	草	S.		TAM HENRY  7. MARRIED NEVER MARRIED 1	BRATTEN II DEATH May  8. DATE OF BIRTH 9. AGE (In years	27 19 67 IF UNDER 1 YEAR   IF UNDER 24 HRS
	1		Male White		Sept.24,1959 7 vrs.	Months Doys Hours Min.
24 hours of in Item 18. 's Office of stand 2 w	event	100	USUAL OCCUPATION (Give kind of work done most of working life, even if retired)		11. BIRTHPLACE (Stote or foreign country)	12 CITIZEN OF WHAT COUNTRY?
- W			School Student FATHER'S NAME	, , , , , , , , , , , , , , , , , , , ,	Salisbury, Maryland 14. MOTHER'S MAIDEN NAME	USA
pencil camine	L.E.		James William Br	ratten	Evelyn Powell	
		1S. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES: , no, or unknown) (If yes give wor or dotes		Ir. James William Brat	ten (Father)
executed nding" i Medicol permit.	Mov.		18. CAUSE OF DEATH (Enter only one co	Puse per line for (a) (b) and (et)	O. Box 115, Pittsvil	Le Md INTERVAL BETWEEN
pe pe ief insit	cremation, or removal,		PART I. DEATH WAS CAUSED BY:	D. L. ol	est - Cerebral Concus	
should be (e word "pe) to the Chief	OD,		8254 DU	E TO		
sho ne w to th burik	mati		Conditions, if ony, which gove rise to immediate couse (a),	(b)		
ficate ing th rded t	, cre		stoting the underlying couse stoting the underlying couse	(c)		
writ rwol	- 2	CATION		CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
4 _ 0	prior	MEDICAL CERTIFICATION	200. EXTERNAL CAUSE WAS PRIMARY SOFT CONTRIBUTING CAUSE OF DEATH.	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter notice of injury in Port I or Port II of item 18.)	
the the short filter of th	101	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 5-27 19		tory, street, office bldg., etc.)	(County) (Stote)
Pog or y	oted		21. I certify that I taak charg	ge of the remains described above, he		iry 🔀, and in my opinio
ctor.	designoted		death resulted fram: Natur	ral causes , Accident , Suic	cide, Homicide, Undetermined mo	inner
MESCAL EXA please execute I director. Poge retoined for you	ts de		ACTUAL SIGNATURE	a hister	CHIEF MEDICAL EXAMINER  M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNEE
D DEPUTY MESTAL E necessory, please exect the funeral director. Po 5 may be retained for 5 FUNERAL DIRECTOR:	h or		EXAMINER'S Dr. Phil: NAME (Type) 116 E. Ma		DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)	May 29/19
the fu	Heolth &	230	BURIAL CREMATION, 23b. DATE TH	HEREOF 23c. NAME OF CEMETERY OR	CREMATORY 23d. LOCATION (City or Tov	vn) (County) (Stote)
2 - + 5 2	50-		REMOVAL (Specify) Burial May 3]	1,1967 Pittsville,	Cemetery   Pittsvill	e Maryland GISTRAR'S SIGNATURE
VR A15M	E (5)	24	FUNERAL DIRECTOR HOLLOWAY & COMP	PANY, SALISBURY, M		
6M 1/6	00			, , , , , , , , , , , , , , , , , , , ,	D. DATUN 1 1967 M	Marter Judge

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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

Page 4 may be retained by the hospital or ottending physician.

### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	07388	CERTIFICATE	OF DEATH	07365
	PLACE OF DEATH D. COUNTY Wicomico		2. USUAL RESIDENCE (Where deceased live o. STATE	ed, if institution: Residence before odmission) b. COUNTY
Ŀ	o. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate lim	its, write RURAL and give neorest town)
	write RURAL and give nearest tawn) Salisbury		Snow H	23.3
(	I. NAME OF HOSPITAL OR INSTITUTION (If not in ho		d. STREET ADDRESS Churc	e. IS RESIDENCE ON A FARM?
3 1	Peninsula Ger	neral Hospital I	Lost 4. DATE	Manth Day Year
-	DECEASED Type or print)  Baby	Boy Brit	TINGHAM DEATH /	MAY 15 1967
S. S	01 1 - 8/	<u> </u>	M - 1 - 1017 last	(In years IF UNDER 1 YEAR IF UNDER 24 HRS. birthday) Months Doys Haurs Min.
100	USUAL OCCUPATION (Give kind of work done	DOWED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED	11. BIRTHPLACE (County & State, or foreign of	country) 12. CITIZEN OF WHAT
	ng most of Varking life, even if retired)	-HADUSTRY Fant	Md.	COUNTRY? U.S.A.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	- Hinchan
15	WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. IN	FORMANT OF A	Address
(Ye	s, no, or unknown) (If yes give war ar dates of servi		Pary Brittingha	m Snow Hill, Md.
	18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY:		URITY	INTERVAL BETWEEN ONSET AND DEATH
	176 X IMMEDIATE CAUSE (a)	pice min t	UKI 17	10 HOURS
	Conditions, if any, which gave ) (b)	(Bull wit	10-77	
	rise to immediate cause (a), stating the underlying cause (c)   (c)	Destation 1.	Period 24 W	ks
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	BUTING TO DEATH BUT NOT RELATED TO THE	HE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
CERTIFIC	20o. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (I	enter noture of injury in Port I or Port II of	item 18.)
MEDICAL	20c. TIME OF INJURY Month, Day, Yeor Hour o.m. p.m. 19		E OF INJURY (Hame, farm, 20f. (City, street, office bldg., etc.)	y or town) (County) (Stote)
	21. I certify that (I) (this haspital) saw the deceased alive an		death accurred at 10 M, fro	im causes and an the date stated abave.
	220. SIGNATURE Sturth	g har M.D	111131	STAFF PHYS.   22b. DATE SIGNED  5/16/67
	22c PHYSICAN'S NAME (Type) PRET	LAMAR MY	22d. ADDRESS NOUP 11	L. Jud.
230	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR C	sem. Inc.	
24	answesses	Appress Churc	h Va. DATE 18 196	25b. REGISTRAR'S SIGNATURE  The state of the

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the tuneral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages hand-should be filed with the State Dept. of Health priar to burial, cremation, or removal, and indiany event, within 72 hours after death. VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
07367

1. PLACE OF DEATI	4	= 10		1 3	2. USUAL RESIDENCE		leceased lived, If Ir	stitution: Re	sidence	before adm	mission)
Wic	comico		MARYLAN	ID I	a. STATE Mary	yland	В. СОО	NTY Wic	omi	co	
b. CITY OR TOW write RURAL Sa.]	N (If outside corporat and give nearest tow Lisbury	te limits, n)	Adm. in 11 4/24/67	)1b	c. CITY OR TOWN (IF	outside co	terior and territorial	rite RURAL e	and glv	e nearest	t town)
			hospital, give street addr	ess)	STREET ADDRESS			-	0	. IS RESI	DENCE
Peni	insula Gene:	ral Ho	spital		208	Linco	ln Avenu	е	Y	ON A FA	NO E
3. NAME OF DECEASED	Fli	rst	Middle		Last	4. DATE	E Mon	th	Day	Year	
(Type or print)	CLAR		WARREN		BROWN	DEAT			1	19 6	
5. SEX	6. COLOR OR RACE	7. MARRIE	D X NEVER MARRIED	3 8.	DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER 1	YEAR	Hours	24 HRS
Male	White	WIDOWE	D DIVORCED	De	cember 12,	1898	68 yrs.				141111
10a. USUAL OCCUPAT	ION (Give kind of work	done 10b.	KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (C	ounty & Sta	te, or foreign count	y)   12. CI	UNTRY	OF WHAT	
(Retired)	Employee	Bui	lders		Salisbury	, Mary	land		USA		
13. FATHER'S NAM				1	4. MOTHER'S MAIL	DEN NAME					
Clarence 1	N. Brown				Ida Livin	eston					
	EVER IN U.S. ARMED FO		S. SOCIAL SECURITY NO.	17, IN	FORMANT	Danasan	Addre	ess			
(Yes, no, or unkown)	(If yes give war or dates o	r service)	17-10-3603	50 MT.	8 Pauline 8 Lincoln	Ave	Salishur	v. Ma.			
	DEATH   Enter only on		line for (a), (b), and (c).]					1	INTE	RVAL BET	WEEN
	EATH WAS CAUSED BY				During)				ONS	ET AND D	EATH
42.01	IMMEDIATE CAUSE		Colones	ore	Custo						
Conditions, If	DUE	TO	11	1//	edme						
gave rise to	Immediate /	(b)	grown a	apres	eam						
cause (a), s											
underlying caus		(c)	BUTING TO DEATH BUT NOT	RELATE	D TO THE TERMINAL	DISFASECO	ONDITION GIVEN I	N PART 1(a)	119.	WAS AU	
AT DI	101	,	1 1						VE	PERFOR	MED?
On ACCIDENT	ole cy steel	9 -	DESCRIBE HOW INJURY	OCCUPE			Part I or Part II	of Itam 18		3 [	NO _
PART II. OTHER	WAS UNDERLYING ING CAUSE OF DEA TIFY MEDICAL EXAMI	TH ZOD.	N/A	OCCUR	LED. (EIILEI Hature V	i mjury m	rate i oi i oic ii	01 100111 20.,			
				DIAGE	OF INTUDY/Home &	206 L	(City or town)	(Cour	יליי	/9	state)
20c. TIME OF Hour a.	INJURY Month, Day,	While		factory,	OF INJURY (Home, f street, office bldg.,	etc.)	(City of town)	(Cour	1(3)	(3	tato
p.	m. 19	at wo	ork at work			J4 J5					
		pital) atten	ded the deceased from			962, t		L, 19_6			
	ceased alive on	5-	1967, and	that c	leath occurred at	15: (W)	from the cause	s and on th	e date	e stated	above
22a. SIGNATU	RE /	//	//	,	ATTENDING -	MED.	STAFF -	22b. DA		1	-/-
	1 amon	6 6	My	M.D.	PHYS.	DIRECTOR	PHYS.	] Ma	У_/	17	967
22c. PHYSICK NAME (T		- T 0	2:00		22d. ADDRESS	a .				3 3	
1	Dr. Jame		lifford				r, Salish				
23a. BURIAL, CREM	MATION, 23b. DATE		23c. NAME OF CEMI				LOCATION (CIty,				(ate)
REMOVAL (Sp Buria)	V	1967	Wicomico M	emor	ial Park	S	alisbury,	Maryl	and	ATURE	
24. FUNERAL DIR			ADDRESS	4 3 333	25a. RE	C.D BA KE	GISTRAR 25b.	KEGISTRAR'S	SIGN	ATUKE	
HOLLOWA	Y & COMPANY	, SAL	ISBURY, MARYL	AND	DAKEAY	4	1987 00	learle	· Qu	der.	
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VR A15 (4) 15M 4-64

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	07391	CERTIFICATE	OF DEATH		07368
	PLACE OF DEATH			here deceosed lived, if institution: Re	sidence before admissian)
	a. (OUNTY Wicomico	MARYLAND	o. STATE Marvl	b. COUNTY	orcester
	b. CITY OR TOWN (If autside carparate limits.	c. LENGTH OF STAY IN 1b		tside corparate limits, write RURAL and	
183	write RURAL and give nearest town) Salisbury	237 days	Berli	20	22
	d. NAME OF HOSPITAL OR INSTITUTION (If not in ha		d. STREET ADDRESS		e. IS RESIDENCE
73				2, Rt. 2	ON A FARM? YES NO
2	Deer's Head State	Middle	Last	4. DATE Month	
	DECEASED			OF ~	Day Year 9 1967
Š.	(Type or print) FMMA		BROWN DATE OF BIRTH		9 1967 NDER 1 YEAR   1F UNDER 24 HRS.
3.			A	lost birthday) Mon	
	1 0		2-27-196	01 65 yrs.	a company of white
	. USUAL OCCUPATION (Give kind af wark dane ing most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County	11	2. CITIZEN OF WHAT COUNTRY 2.
12	Memerica I		14. MOTHER'S MAIDEN N	Ulthense!	4.0,11.
13.	Wind of b	?	14. MOTHER'S MAIDEN I	Ame I	v K
10	Milliam N. P.	Kaww	deale	Thean	
15. (Y∈	WAS DECEASED EVER IN U.S. ARMED FORCES? is, no, or unknown) ((If yes give wor ar dotes of service	e)	FORMANT (70	Address	21 12 12
		17/2	Blow her	ry Derlin Mit	1 12 130142
	18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY:				INTERVAL BETWEEN
	IMMEDIATE CAUSE (a)	Acute pulmonary	edema		ONSET AND DEATH Shour
	465 X DUE TO	Dwahahlar malaana			1
	Canditians, if ony, which gove (b)	Probably pulmona	ry embolus		½ hour
	stating the underlying cause DUE TO				
	last. (c)				
z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELATED TO TH	IE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
MEDICAL CERTIFICATION	Middle lobe syndrome	e; fractured hip (	left)		YES NO X
TIFIC	20o. ACCIDENT WAS UNDERLYING	20b. DESCRIBE HOW INJURY OCCURRED. (E		Part I ar Port II of item 18.)	
E	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
OICAL	20c. TIME OF INJURY Manth, Doy, Yeor		OF INJURY (Hame, farm		(County) (Stote)
MEC	Hour o.m.	While Not While of work of work	ry, street, affice bldg., etc.)		
	21. I certify that (1) (this hospital)		ptember 141	9.66 to May 9	19 67, that (I) (we) lost
П	sow the deceased olive on May	9 1967, and that	death occurred at.	11:50AM, from couses and a	on the date stated above.
	22o. SIGNATURE		ATTENDING		b. DATE SIGNED
	(Allonitche)	M.D.	ATTENDING PHYS.	MED. DIRECTOR PHYS.	5/9/67
	22c. PHYSICIAN'S		22d. ADDRESS		Md.
P	NAME (Type) A. C. Mitc	hell, M. D.	Deer's He	ad State Hospita	1, Salisbury,
230	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR C	REMATORY	23d. LOCATION (City ar Tawn)	(Caunty) (Stote)
	REMOVAL (Specify) 5-13-6	7 met Brown		Snow Hill	Wase The
24	FUNERAL DIRECTOR	AGARA, ADORESSA	2Sa. PEGID	BY DECISTRAD   25h DECISTRA	AGUITANDIS 2'G
0	precla D. Jolley So	Clisbury, Sud	DATE	11 10 1961 1	arles Judge

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detoched far use as the burial-transit permit. Then please nemove corbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in my event, within 72 hours after death O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after de Poge 4 may be retoined by the hospitol or ottending physician.

> VR A15 (4) 20 M 1/66

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	RETTETANT	and the state of	A CONTRACTOR OF THE PROPERTY O		
	ALCOHOLD TO THE RESERVE OF THE PARTY OF THE				

MAKYLAND STATE DEF	AKIMENI UF HEALIH	
Division of STATISTICAL RESEARCH AND RECORDS, 301	W. PRESTON STREET, BALTIMORE, MARYLAND 2	21201
O CEDITIFICATE	OF DEATH	0.494

0	7392			CERTIFI	CATE	OF DEATH		انور	07369
1. PLACE OF DEATH o. COUNTY Wicomico			MARYL	AND	2. USUAL RESIDENCE (V o. STATE Marvland		stitution: Residen COUNTY Wicomi		
	CITY OR TOWN (If outside corporate limits,		l 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
d. NA	AME OF HOSPIT	isbury al or institution (if no ill Pr. Saj	, ,	2 Yrs.		d. STREET ADDRESS	sbury amden Ave.,	20	e. IS RESIDENCE ON A FARM?
	-		rst	Middle	1	Lost BROWN	4. DATE	Month lay	Doy Year
S. SEX	emale	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED		DATE OF BIRTH ay 15,1887	9. AGE (In yeo	ors IF UNDER by) Months	Doys Hours Min
100. USU. during ro	AL OCCUPATION lost of working OUSE W.	(Give kind of work done life even if retired) L.F.E	10b. KIND O INDUST Own	F BUSINESS OR RY Home		11. BIRTHPLACE (County Balt.Mar	& Stote, or foreign country) yland		TIZEN OF WHAT
13. FAT1	3. FATHER'S NAME Charles Edward Bicky					14. MOTHER'S MAIDEN N Mollie F			-0-
1S. WAS	IS. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO.  17. INFORMANT  Address  Address  Yes, no or unknown) (If yes give wor or dotes of service)  220-26-1958  Mrs. Russell Dashiell, Salisbury, Md.							Md.	
Con	PART I. DEAT  3 3 2  Inditions, if only to immediate ting the under	e couse (o), (	(o) (b)	(b), Add (c).)	4	bromb	25/5		INTERVAL BETWEEN
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 20 DEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART 1(a)						19. WAS AUTOPSY PERFORMED? YES NO			
SCIENT WAS UNDERVING OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. ACCIDENT WAS UNDERVING OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIPE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)									
	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19 20d. INJURY OCCURRED While of work of w								
	21 certify that (I) (this hospital) attended the deceased from 1967, and that deceased alive on 1967, and the 1967,								
72	o. SIGNATURE PHYSICIAN'S NAME (Type	14/201	M. Beards	sley	M.D.		MED. STAFF DIRECTOR D PHYS.  y, MAryland	22b. D	ATE SIGNED - 1 - 1947
23o. BU REA	JRIAL, CREMATIO MOYAL (Specify Burla	DN, 23b. DATE TH		o. NAME OF CEMET		REMATORY rial P <sup>n</sup> rk	23d. LOCATION (City Salisbur		(County) (Stote)
24 FIII	NEPAL DIRECTO			oury, Mar			BY REGISTRAR 2SI	b. REGISTRAR'S S	SIGNATURE Surger

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and shauld be filed with the State Dept. af Health prior to burial, crematian, ar remaval, and in any event, within 72 haurs after deather.

VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

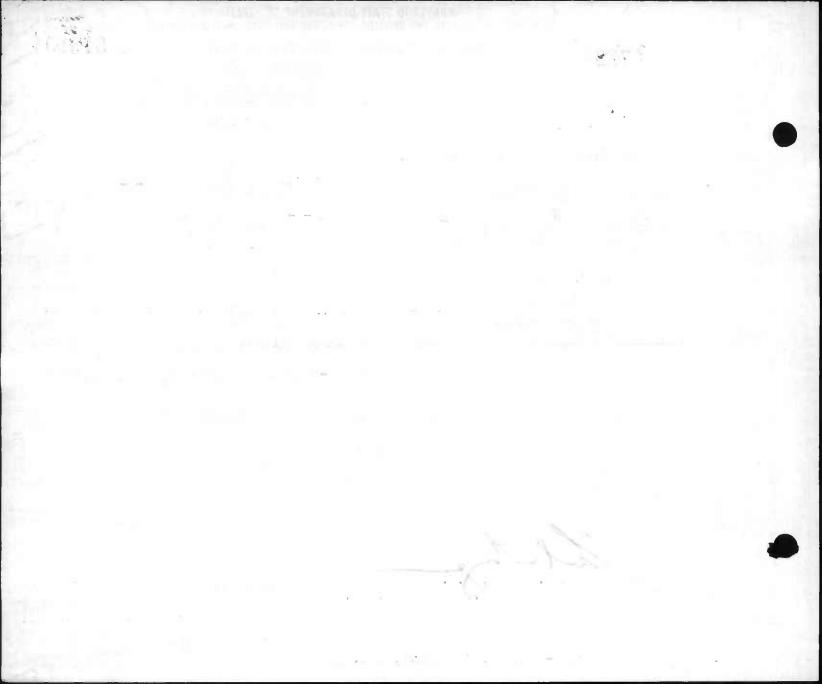
07370

	07393	MEDICAL EXAMINER'S	CERTIFICATE O	F DEATH	37370	
	PLACE OF DEATH  o. COUNTY TT	Alexander Company of the Company of	2. USUAL RESIDENCE (	Where deceased lived, if institution: Residen	ce befare admission)	
	Wicomico	MARYLAND	Delar	ware	1	
	<ul> <li>CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)</li> </ul>	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If au	utside carporate limits, write RURAL and giv	e nearest tawn)	
	Salisbury		Selb	yville 44	3	
	d. NAME OF HOSPITAL OR INSTITUTION (If not in	n haspital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?	
	DOA Peninsula Gene	ral Hospital			YES NO	
3.	NAME OF First DECEASED (Type or print) KATHRYN	Middle ELIZABETH	BROWNE	4. DATE Month OF 5-7-67	Day Year 19	
S.			B. DATE OF BIRTH	9. AGE (In years IF UNDER last birthday) Months	1 YEAR   IF UNDER 24 HRS. Days Haurs Min.	
	FW	WIDOWED DIVORCED	10-5-00	OO yrs.		
10a dur	i. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>	11. BIRTHPLACE (Stote Del	or foreign country) 12. Cl	TIZEN OF WHAT	
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
	Van B. Murray		Nan	cy Murray		
1S. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? es, na, ar unknawn) (If yes give war ar dates af se	16. SOCIAL SECURITY NO. 17. I 222-05-4330 Mr	res.Atwood	Lynch, Frankford	l, Del.	
	18. CAUSE OF DEATH (Enter anly one cause				INTERVAL BETWEEN	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Acute congestive l	neart failu	re	minutes	
	443X DUE TO					
	Canditians, if any, which gave (b)		Lo-vascular	disease	years	
	stoting the underlying cause DUE TO					
	PART II. OTHER SIGNIFICANT CONDITIONS CONT		THE TERMINAL DISEASE CO.	MINITION CIVEN IN DART 1/-)	19. WAS AUTOPSY	
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CON	KIBULING TO DEATH BUT NOT KELATED TO	HE TERMINAL DISEASE CO	NUTTION GIVEN IN PART T(d)	PERFORMED? YES NO	
L CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY □ or CONTRIBUTING □ CAUSE OF DEATH.	20b. DESCRIBE HOW INJURY OCCURRED.	Enter nature af injury in	Part I ar Port II of item 18.)		
MEDICAL	20c. TIME OF INJURY Manth, Day, Year Haur a.m. p.m. 19		E OF INJURY (Home, farn ary, street, office bldg., etc.		unty) (State)	
	21. I certify that I took charge o	of the remains described abave, he	ld an Autopsy 🗐	Inspection X, Inquiry X,	and in my opinion	
	death resulted from: Notural	goses X, Accident , Suici	ide , Homičide	Undetermined monner		
	ACTUAL AS TO THE		CHIEF MEDICAL	EXAMINER	-	
	ACTUAL SIGNATURE	2	M.D. ASSISTANT MED	DICAL EXAMINER	22. DATE SIGNED	
	Examiner's Earl L. Roye:		Address (Street	AL EXAMINER A. Ma.  1, city, town, or county)	y 8, 1967	
230	BURIAL, CREMATION, 23b. DATE THEREI		REMATORY emetery	23d. LOCATION (City of Town) Selbyville, Su	(Caunty) (State)	
	I. FUNERAL DIRECTOR TO MOKES N	ADDRESS ADDRESS	25a. 😘 🔄	REGISTRAR 255. REGISTRAR'S S	IGNATURE	
M	latson & Gray Melson	n, Frankfort Del.	DATE	12 Tool Julian	les Judge	

VR A15ME (5) 6M 1/66

CAL EXAMINER:

TO DEPUTY M



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07394

## CERTIFICATE OF DEATH

07371

- 1									
	1. F	PLACE OF DEATH			Where deceosed lived, if institution				
1	o. COUNTY Wicomico MARYLAND			o. STATE Maryland b. COUNTY Wicomico					
1	1	o. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b		L ond give neorest town)				
		write RURAL and give negrest town)		Fru	22-1				
			10 days		LULANU	e. 15 RESIDENCE			
	C	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, g		d. STREET ADDRESS	404 17 1 4	ON A FARM?			
)		Peninsula Genera		Вох	101, Hayward A				
	-	NAME OF First DECEASED (Type or print)  Clarence	Middle E.	Burd	4. DATE Month OF DEATH May	2 Year 19 6 7			
	S. S		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR   IF UNDER 24 HRS.			
	1	male White WIDOWED	DIVORCED J	July 5, 1897	7 69 birthday)	Months Doys Hours Min.			
	100	USUAL OCCUPATION (Give kind of work done 10b. KIN	ND OF BUSINESS OR	11. BIRTHPLACE (County	& Stote, or foreign country)	12. CITIZEN OF WHAT			
	dwi	ng most of working life, even if retired)  Prop	oane Gas Co.	Crisfield,		COUNTRY?			
		FATHER'S NAME	4110 day 001	14. MOTHER'S MAIDEN					
		hadrach Byrd		Mary Jane Byrd					
	15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16.5	SOCIAL SECURITY NO.   17.	NFORMANT	Address				
	Ye	(lify yes give wor or dotes of service) No. (lify es give wor or dotes of service) No. (lify es give wor or dotes of service) No. Same as 2. abcd							
ď	TAG			s. Emme Dyr	i, Dame as 2. al	INTERVAL BETWEEN			
4		1B. CAUSE OF DEATH (Enter only one couse per line for PART I, DEATH WAS CAUSED BY:	(o), (b), onb (c/r)			ONSET AND DEATH			
d		IMMEDIATE CAUSE (o)	Vireno	a		in.			
		440 X DUE TO DUE TO							
		(b) Tephysoletras							
		stoting the underlying couse DUE TO							
		DAST II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT DELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY							
1	×	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)							
200. ACCIDENT WAS UNDERLYING  20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING AUGUST OF DEATH OR CONTRIBUTING AUGUST OF DEATH						PERFORMED? YES NO			
		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor 20d. IN		CE OF INJURY (Home, for		(County) (Stote)			
	MEC	Hour o.m. While of work		ory, street, office bldg., etc.	- MI	1 -			
		21. I certify that (1) (this haspital) attended the deceased fram Hay 18, 196/, to May 28, 196/that (1) (we) las							
		saw the deceased alive on 100 196 1, and that death occurred at 7.50 PM, fram causes and on the date stated above							
		220. DATE SIGNED							
		M.D. PHYS. DIRECTOR DIRECTOR PHYS.							
1		22c. PHYSICIAN'S 22d. ADDRESS							
1		NAME (Type) David J. Gilmore, M. D. Salisbury, Maryland							
	230	. BURIAL CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Town	n) (County) (Stote)			
)		REMOVAL (Specify) May 31, 1967	emetery	Crisfield,					
		FUNERAL DIRECTOR	ADDRESS	2So. RRQ	D BY REGISTRAR 2Sb. REGI	ISTRAR'S SIGNATURE			
		radshaw & Sons, Crisfield,	Md.	DATE	JN 2 1967 KG	Charles Judge			
	2/1	, addition of boards of ablancady		PALL					

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar to burial, crematian, ar remaval, and in ady exact, within 72 hours attached the TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 20 M 1/66

Maryland

10 days

Fruitland

Box 101, Hayward Ave.

Wicomico

USA

X

Clarence

Serviceman

Shadrach Byrd

July 5, 1897 69

Propane Gas Co. Crisfield, Maryland

Mary Jane Byrd

None 217-03-7873 Mrs. Emma Byrd, Same as 2. abcd

David J. Gilmore, M. D.

Burial May 31, 1967 Sunnyridge Cemetery Crisfield, Md.

Bradshaw & Sons, Crisfield, Md.

Salisbury, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY Wicomico MARYLAND CITY OR TOWN (If outside carparate limits. c. LENGTH OF STAY IN 1b c. CITY OR orparate limits, write RURAL and give neorest town) write RURAL and give nearest town) Salisbury e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS YES NO General Hospita 3. NAME OF Middle 4. DATE Manth Yeor Lost Dov DECEASED DEATH 19 (Type or print) AGE (In year IF UNDER 1 YEAR S. SEX IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED X 8. OF BIRTH NEVER MARRIED piethday) Days Manths Hours Min. DIVORCED WIDOWED 10a, USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY ?» INDUSTRY 0. TOP 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no arlunknown) ((If yes give war or dates of service INTERVAL BETWEE 1B. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave Sclerosis rise to immediate cause (a). DUE TO stating the underlying couse last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NO. 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II af item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20e, PLACE OF INJURY (Hame, farm, 20d INJURY OCCURRED (City or town) (County) (State) Hour a.m. factory, street, affice bldg., etc.) Nat While at wark ot work 21. I certify that Minthis hospital) attended the deceased fram and that death accurred at 2450 M from causes and an the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED ATTENDING MED. STAFF M.D. DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN NAME (Type

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City or Town)

25a. REC'D BY REGISTRAR

(County)

25b. REGISTRAR'S SIGNATURE

(State)

requires that the death certificate be executed-within 24 hours after death. by the funeral. filled in I within commercial remove dny and = please physician gnd removal, the attending partit on the 10 cremation, burial-tronsit signed by physician burial, priar to attending the has been SD Health 1 0 this certificate for by the haspital af. detached State O FUNERAL DIRECTOR: After pe be retained directar, page 3 shauld should be filed with the Page 4 may VR A15 (4) 20 M 1/66

BURIAL, CREMATION,

REMOVAE (Specify)

**FUNERAL DIRECTOR** 

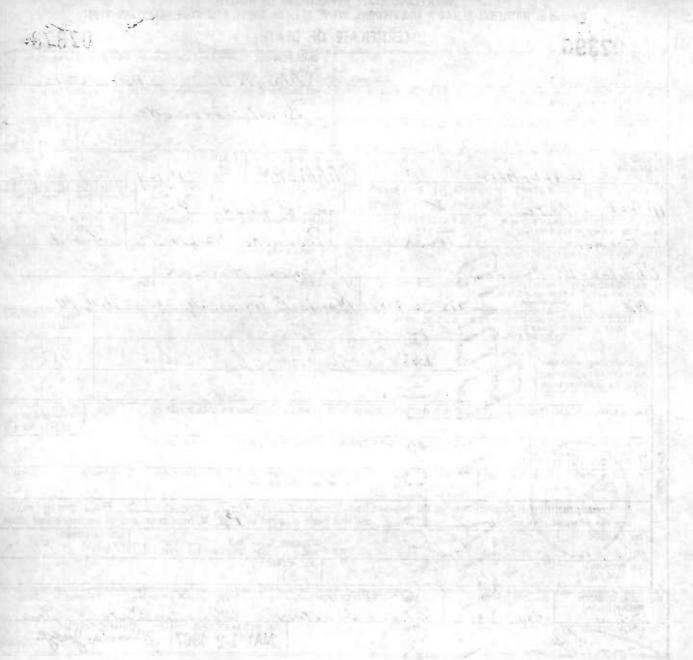
23b. DATE THEREOF

80

1 1 1 2 1 ESTABLE OF TANKEN SECOND PROPERTY

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH by the funeral Pages 1 and 2 nours after death: PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) PLACE OF DEATH b. COUNTY o. STATE o. COUNTY comico MARYLAND Worcester c. CITY OR TOWN (i outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) van papers. Pag within 72 hours Salisbury ocome campletely filled in b nove carban papers. e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS NO YES 80 Peninsula General Hospital 4. DATE Doy Year Middle Lost 3. NAME OF DECEASED (Type or print) WILLIAm DEATH and in an eyent, IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years a lost birthdoy) NEVER MARRIED DATE OF BIRTH S. SEX 6. COLOR OR RACE 7. MARRIED nove Months Dovs Hours WIDOWED DIVORCED and 12. CITIZEN OF WHAT KIND OF BUSINESS OR BIRTHPLACE (County & Stote, or foreign country) 9 10o. USUAL OCCUPATION (Give kind of work done 10b. physician a ien please during most of working life, even if retired) **INDUSTRY** Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, crematian, ar remaval, 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. permit. (Yes, no, or unknown) [(If yes give wor ar dotes of service INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH burial-transit IMMEDIATE CAUSE (o) be retained by the haspital ar attending physician. signed by DUE TO uneteral obstruction Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse priar ta b peen as the 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) After this certificate has PERFORMED? use State Dept. af Health YES DO NO far 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (City or town) (County) (Stote) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. foctory, street, office bldg., etc.) Not While OR ATTENDING of work ot work 85, 1967, that (I) (we) last 21. I certify that (1) (this haspital) attended the deceosed fram Man 1967 and that death occurred at M. from couses and on the date stated above. directar, page 3 shauld should be filed with the saw the deceased olive on The 196 7 FUNERAL DIRECTOR: 22b. DATE SIGNED 22 SIGNATURE MED. DIRECTOR STAFF M.D. PHYS PHYS. 22d. ADDRESS 22c. PHYSICIAN'S Page 4 may NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) (County) 23o. BURIAL CREMATION. 23b. DATE THEREOF 24. FUNERAL DIRECTOR liveT Cemeter 2 25b. REGISTRAK'S SIGNATUR 2So. REC'D BY REGISTRAR 1967 VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

. 723			07397 Item #2 infor. tCERTIFICATE	OF DEATH	67374
uires that the death certificate be executed within 24 hours after death hysician.  gned by the attending physician and completely filled in by the function and completely filled in by the function and including personal and in any event, within 72 hours after death virial, cremation, ar remayal, and in any event, within 72 hours after death		1.	LACE OF DEATH COUNTY: WICOMICO MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution: Reside a. STATE b. COUNTY W1	ence before odmission)
in by the ers. Pages			CITY OR TOWN (If autside corporate limits, write, RURAL and give nearest tawn)	c. CITY OR TOWN (If outside carporote limits, write RURAL and gi	ive nearest tawn)
illed in 72 ho	80		NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  Peninsula General Hospital	d. STREET ADDRESS 671 Fitzwater St.	e. IS RESIDENCE ON A FARM? YES NO
ecuted within sompletely filled ove carban pays event, within			AME OF First Middle ECEASED (ype or print)	Last 4. DATE Month OF DEATH A OLA	Doy Year 7 1967
e executed withing and completely fremove carban n any event, within			emale negro WIDOWED DIVORCED	8. DATE OF BIRTH  9. AGE (In years   IFUNDER last birthday)   Manths   Yrs.	Days Hours Min.
icate be ex sicion and please rem l, and in an			USUAL OCCUPATION (Give kind of work done g most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY		CITIŽEN OF WHAT COUNTRY?
certificate by physician hen please naval, and		13.	FATHER'S NAME EORGE CARNEY	AMABELLE GREEN	
that the death certifican. by the attending phystransit permit. Then p crematian, ar remaval,			WAS DECEASED EVER IN U.S. ARMED FORCES? , na, ar unknawn) (If yes give wor ar dates af service)  16. SOCIAL SECURITY NO.	mabella arrey Address th	untile St.
nat the a y the a nisit pe			1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	(Birth wh 505gms)	ONSET AND DEATH
equires that the physician. signed by the burial-transit burial, crema			776 X  Conditions, if any, which gave (b) (b)		zhrs.
w req fing p een si the bu			stating the underlying couse   DUE TO   (c)		
IAN: The la al ar attenc icate has b far use as Health prio	3	ATION	PART II. OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO T	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
当ちに一生		CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter nature of injury in Port I or Part II of item 18.)	
G Pt the this deto deto		MEDICAL		ACE OF INJURY (Home, form, tary, street, office bldg., etc.)	County) (Stote)
			21. I certify that (I) (this hospital) attended the deceased from saw the deceased olive on 1967, and tho	of deoth occurred at 1735M, from causes and on	the date stated above
8 - He 3			220. SIGNATURE C Kollsmi	D. PHYS. DIRECTOR PHYS.	DATE SIGNED
FRAL I	1		22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS Mederal Center, Faleslun	1) manglan
Page 4 m FO FUNER director,	0	7	BURIAL, CREMATION, 23b. DATE THEREOF, 23c. NAME OF CEMETERY OR SEMOVAL (Specific)	teres Sally Billy (1)	(County) (Stote)
VR A15 (4)	N	24	VEUNERAL DIRECTOR ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S	

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 07398 deoth 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission PLACE OF DEATH o. STATE b. COUNTY Wicomico o. COUNTY MARYLAND be executed within 24 hours after write RURAL and give nearest town) CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, completely filled in by the Salisbury e. IS RESIDENCE ON A FARM? carbane pipers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET\_ADDRESS NO X YES Peninsula General Hospita DATE OF DEATH Year 3. NAME OF Lost DECEASED (Type or print) even IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED remove Months Hours WIDOWED DIVORCED burial, cremation, or removal, and in any puo 12. CITIZEN OF WHAT IRTHPLACE (County & Stote, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR COUNTRY ? pleose physician rmar TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate Page 4 may be retained by the hospital or ottending physician. DOVEY 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME INFORMAN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no of unknown) (If yes give wor or dates of service permit. NTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH burial-tronsit PART I. DEATH WAS CAUSED BY ACCINOM A IMMEDIATE CAUSE (o) signed by DUE TO 0 mos Conditions, if ony, which gove CCINDMH rise to immediate couse (a), DUE TO stoting the underlying couse hos been be detached for use as the State Dept. of Health prior to 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) CERTIFICATION NO TO FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20e. PLACE OF INJURY (Home, form, (City or town) (County) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Hour o.m Not While of work 19/0 / that (1) (we) lost 21. I certify that (1) (this hospital) attended the deceased from director, page 3 should should be filed with the and that death occurred at 8 2M, from couses and on the date stated above. 196 sow the deceased olive on 22b. DATE SIGNED 22o. SIGNATURE STAFF DIRECTOR PHYS. M.D. PHYS 22d ADDRESS 226. PHYSICIAN'S NAME (Type) NAME OF CEMETERY OR CREMATORY (Gity or Town (County) (State) BURIAL, CREMATION DATE THEREOF REMOVAL (Specify) 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR

VR A15 (4) 20 M 1/66

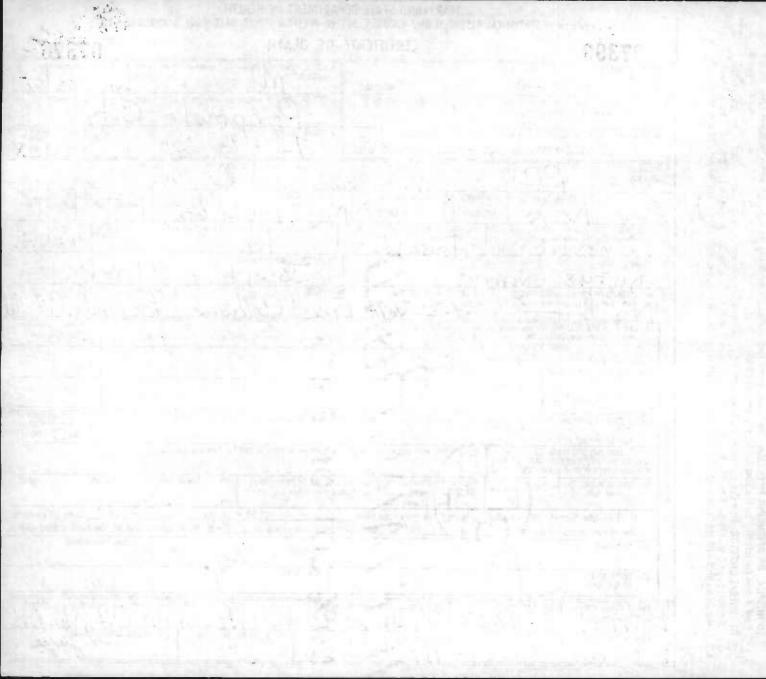
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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07393	CERTIFICATE	OF DEATH		07376
PLACE OF DEATH     COUNTY WICOMICO     CITY OR TOWN (If outside corporate limits, write RUPA) and give pagrest town)	MARYLAND c. LENGTH OF STAY IN 16	2. USUAL RESIDENCE (Where a. STATE  c. CITY OR JOWN (If outside	b. COUNTY	Worcester
d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp		d. STREET ADDRESS	moke St.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)  5. SEX 6. COLOR OR RACE 7. MAR  From A le WIDO  10a. USHAL OCCUPATION (Give kindlof work done during most pot working life, even if retired)	A WELL HANDE	44	2 (ast birthday) N	Doy Year 23 19 6 7  IF UNDER I YEAR IF UNDER 24 HRS. Manths Days Haurs Min.  12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME  IS. WAS DECEASED EVER IN U.S. ARMED FOR (ES? (Yes, po. of unknown) (If yes give war or dates of service)  18. CAUSE OF DEATH (Enter only one cause per li	214-32-2489A E	14. MOTHER'S MAIDEN NAME  JOSE O  NEORMANT  THEST COULD	hime ()	ark omde City M
PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  Conditions, if any, which gove nise to immediate cause (a), stating the underlying couse last.  (c)	Wight Gre Rosterios clent	bral Hem	andereas	Was Know
OR CONTRIBUTING CAUSE OF DEATH	TING TO DEATH BUT NOT RELATED TO TO	hycenia		19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJURY Month, Doy, Yeor Hour a.m.	While Not While fact at wark gt wark the decreased fram_	ATTENDING MED.	1	(County) (State)  7 19 4 that (I) (we) la an the date stated above 22b. DATE SIGNED
230 BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 5 - 27-6	7 ST JAME OF CEMETERY OR ADDRESS	Cem,	23d. TOCATION (City of Tawn)  OCOYNOKE  REGISTRAR 967 25b. REGIS	City, War. Md

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 shauld be detached far use as the burial-transit permit. Then please remove rarban papers. Pages shauld be filed with the State Dept. af Health prior to burial, crematian, or remaval, and in any event, within 72 hours after the state of the state Dept. at Health prior to burial, crematian, or remaval, and in any event, within 72 hours after the state of the s VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07400 CERTIFICATE OF DEATH pub 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) the funerol 1. PLACE OF DEATH b COUNTY o. COUNTY comico MARYLAND CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If dutside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town) λq Salisbury hoi corbon popers. filled in I IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS NO DO YES Peninsula Middle 3 NAME OF DATE Month First Lost Dov Year completely DECEASED OF 1960 (Type or print) DEATH DATE OF BIRTH AGE (In veors IF UNDER 1 YEAR IF UNDER 24 HRS. SEX 6. COLOR OR RACE B 7. MARRIED NEVER MARRIED lost birthdoy) Months Hours Dovs remov and in ony DIVORCED puo 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR please during prost of working life, even if retired) INDUSTRY COUNTRY? physician LUM BI 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removol, attending phy nermit. Then WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMAN' (Yes, no, or unknown) (If yes give wor or dotes of service) permit. 0 signed by the attention burial-tronsit permit burial, cremation, o 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) ONSET AND DEATH PART I. DEATH WAS CAUSED BY necoun IMMEDIATE CAUSE (o) DHE TO Conditions, if ony, which gove (b) rise to immediate couse (a), DUE TO stating the underlying couse the prior to hos been last 50 19. WAS AUTOPSY PERFORMED? OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) for use Health NO this certificote 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF AUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of detached Stote Dept. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Dov. Year foctory, street, office bldg., etc.) Hour o.m. While Not While ot work O FUNERAL DIRECTOR: After pe 21. I certify that (I) (this haspital) attended the deceased should be filed with the M, from causes and an the date stated abave. saw the deceased dive an and that death accurred at 220. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF M.D. DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) director, should be BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS 24-

executed within 24 hours after death pe ATTENDING PHYSICIAN: The low requires that the deoth certificate physicion. O HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the haspital or attending

VR A15 (4) 20 M 1/66

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THE CAME OF THE LAST OF THE CHILD THE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the page director, page 3 shauld be detached for use as the burial-transit permit. Then please reprove-carbon papers. Pages Land 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.  Poge 4 may be retained by the hospital or attending physician.  To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the properties director, page 3 shauld be detached for use as the burial-transit permit. Then please reprove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.
VR A15 (4)	20 M 1/66

	07401 CERTIFICATE	OF DEATH		77379
1.	PLACE OF DEATH  O. COUNTY  Wicomico  MARYLAND	2. USUAL RESIDENCE (Who o. STATE	ere deceosed lived, if institution: Reside b. COUNTY Und Wic	nce before odmission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Salisbury  C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outsi	de carparate limits, write RURAL and giv	ve neorest town)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
-	Peninsula General Hospital	604 E.	Isabella St.	YES NO
	NAME OF DECEASED (Type or print) Leage Energy D	avis	4. DATE Month OF DEATH May	Doy Year 1967
S.	MI	eptember 29.		Doys Hours Min.
dur	. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired)  Carpenter Foreman Railroad Co.	11. 81RTHPLACE (County & S	((	ITIZEN OF WHAT DUNTRY? USA
	FATHER'S NAME	14. MOTHER'S MAIDEN NA		
_	Jack Davis	Joannah Tri		
15 (Y	es, no, or unknown) (If yes give wor or dotes of service)	NFORMANT Irs. Lydia E.	Davis (Wife)	Ma .
	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  CANALIAS	Fuila	h.e.	INTERVAL BETWEEN ONSET AND DEATH
	527/ Conditions, if ony, which gove )  (b)  Conditions if ony, which gove )	newa	Sours	
	rise to immediate couse (a), sloting the underlying couse lost.			
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDI	TION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL CERTIFICATION	206. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Enter noture of injury in Pol	rt I or Port II of item 18.)	
MEDICA		CE OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or town) (Co	ounty) (Stote)
	21. I certify that (I) (this hospital) attended the deceased from sow the deceased alive on	12/15,19 death accurred of 10	to 12/16, 19/2 M, from causes and an i	6/, thot (1) (we) las the dote stated above
		M.D. ATTENDING MED. STAFF 22b. DATE SIGNED / 5 / 6 /		
	22c. PHYSICIAN'S NAME (Type) Dr. William B. Smith	22d. ADDRESS Salisbury	y. Maryland	
230	BURIAL (REMATION, REMOVAL (Specify) Burial  May 18, 1967  Parsons Cemet		23d. LOCATION (City or Town) Salisbury, Marvl.	(County) (Stote)
24	FUNERAL DIRECTOR HOLLOW AY & COMPANY, SALISBURY, MARYLANI	2So. REC'D		SIENATURE INSE

O Day Oo lesignor to 1.62.62 Diving 65

A CHARLE WERE MERCHAN SE

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE HEALTH DEPT. M3. Page TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any deloy is ond 3 to

Afment of

Health prior to buriol, cremotion, or removal, and in any event within 72 hours affer death. the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File

necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages

07402

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07378

1.	PLACE OF DEATH o. COUNTY Wicomico	MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. STATE Mary Land b. COUNTY Worcester						
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dallsbury	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outs Newa	ide corporate limits, write RURAL and g	ive neorest town)				
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol,	give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?				
7	Peninsula General H	ospital	Rout	e l	YES NO				
3.	NAME OF First DECEASED (Type or print)  JAMES	Middle EDWARD D	Lost ENNIS	4. DATE Month OF DEATH 5-22-67	Doy Year				
S.	SEX 6. COLOR OR RACE 7. MARRIED AA WIDOWED	NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9-1-1889	9. AGE (In years IF UNDI lost perhadoy) Months	Doys Hours Min.				
du	ring most of working life, even if retired)	ND OF BUSINESS OR DUSTRY  Armer	11. BIRTHPLACE (Stote of Newar)	k, mel	CITIZEN OF WHAT COUNTRY?				
	Jessie Alnne	D	14. MOTHER'S MAIDEN NA	Holland					
19	5. WAYDECEASED EVER IN U.S. ARMED FORCES? (es, no, or unknown) (If yes give wor or dotes of service)	SOCIAL SECURITY NO.	normant Dary Der	nnes R.T.D41)	Newark mid				
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  Bleeding peptic ulcer  ONSEMAND DEATH  ONSEMAND DEATH								
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse	remia	4 1		days				
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO Crushed chest and f			DITION GIVEN IN PART I(0)	19. WAS AUTOPSY PERFORMED? YES NO				
MEDICAL CERTIFICATION	20c TIME OF INJURY Month Day Year 20d II	turned over s	seat of aut everal times CE OF INJURY (Home, form.	o which went out  20f. (City or town)	County) (Stote)				
W	21. I certify that stack charge of the remains described above, held an Autapsy, Inspection, Inquiry, and in my apinian death resulted from: Natural gauses, Accident, Suicide, Hamicide, Undetermined manner								
-	ACTUAL SIGNATURE EXAMINER'S Earl L. Royer, M.	D	M.D. ASSISTANT MEDICAL E. DEPUTY MEDICAL	AL EXAMINER	22. DATE SIGNED				
23	NAME (Type) 109 Camden Ava- So. Burial, (REMATION, REMIOVAL (Specify) 5-27-67	Salisbury Md. 23c. NAME OF CEMETERY OR LISENVICE	Address (Street, CREMATORY	city, town, or county)  23d. Lif(CATION (City or Town)	(County) (Stote)				
	Jolley Funeral Home, Salis	ADDRESS		By REGISTRAR 25b. REGISTRAR'S 2 9 1967 Policant	SIGNATURE				

VR A15ME (5)

3,500 April 10 Jan 199 State of the Control of the Parish Section Co. The state of the s TORA ES TAIL 

# MARYLAND STATE DEPARTMENT OF HEALTH

		DIVISION	OF VITAL R	ECORDS, 301 W. PRESTO	N STREET, BALTIMO	ORE, MARYLAND 21201		
	07403	3		CERTIFICATE	OF DEATH	(	7380	
	PLACE OF DEATH					Where deceosed lived, if instituti	ion: Residence befo	ore odmission
	o. COUNTY	omico		MARYLAND	o. STATE	rland b. COUN	Dorche	ster
	b. CITY OR TOWN (	If outside corporate limits	,	c. LENGTH DF STAY IN 16		utside carporote limits, write RUF		
		d give nearest town)		5h0 days	Fish	ning Creek	19	2
		AL DR INSTITUTION (If no	t in hospitol, g		d. STREET ADDRESS	11115 01 001	1	e. IS RESIDENCE
	Dee	er's Head St	tate Ho	spital	None			ON A FARM? YES ND XX
3.	NAME OF DECEASED	Fir	st	Middle	Lost	4. DATE Mont	th Do	Year Year
	(Type or print)	TRE	NE	LEVIN	DOOLING	DEATH 5	9	1967
S.	SEX	6. CDLDR DR RACE	7. MARRIED	NEVER MARRIED	B. DATE DF BIRTH	9. AGE (In years lost birthday)	Months Doys	
	F	W	WIDDWED	DIVDRCED	Oct. 6, 188	83 yrs.		
	o. USUAL DCCUPATION ing most of working Housew			ND DF BUSINESS DR DUSTRY Home		& Stote, or foreign country) Lle, Maryland	12. CITIZEN ( CDUNTRY	" USA
13.	FATHER'S NAME	Henry	C. Joi	nes	14. MDTHER'S MAIDEN Mary			
1S. (Y	es, no, or unknown) No	R IN U.S. ARMED FORCES? (If yes give wor or dates o	f service) 1	42-22-5497A Mr.	NFORMANT Goerge D.	Dooling, Fish	ing Cree	
	PART I. DEAT	EATH (Enter only one cou TH WAS CAUSED BY: IMMEDIATE CAUSE	(o) <u>Ure</u>	(o), (b), ond (c).)			2	NSET AND DEATH Weeks
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  DUE TO  (b) Chronic Pyelonephritis Right Kidney  DUE TO  (c)							
NOI				D DEATH BUT NOT RELATED TO		NDITION GIVEN IN PART 1(0)	15	PERFORMED? YES ND X
CERTIFICATION	20o. ACCIDENT WAS OR CONTRIBUTING	UNDERLYING (1) CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	phrectomy Left SCRIBE HDW INJURY DCCURRED.	(Enter noture of injury in	The state of the s		
MEDICAL	Hour 'o.r	n. 19	While of world	Not While at work	CE DF INJURY (Home, forn ory, street, office bldg., etc.	)	(County)	(Stote)
		fy that (I) (this hose eceased alive on N		ded the deceased from 10	vember 15 , 1 deoth occurred at	5:44P M, from couses	, 19 <u>67</u> , t and on the do	that (I) (we) los ate stated above
	229. SIGNATURE	estwo	nno	ecott M.	ATTENDING PHYS. 22d, ADDRESS	MED. STAFF DIRECTOR PHYS.	22b. DATE SIG 5/9/	
	22c. PHYSICIAN'S NAME (Type)		nacott	, M.D.		ad State Hospi	ital, Sal	
	o. BURIAL, CREMATIC	May 12	1967	23c. NAME OF CEMETERY OR Dorchester Me	emorial Park		Marylan	d
L	4. FUNERAL DIRECTO <b>eCompte</b> F	uneral Serv	rice, C	ADDRESS Cambridge, Marj	rland MAY 1	by REGISTRAR JOHN JOHN 1967	GISTRAR'S SIGNATI	See.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funding director, page 3 should be detached for use as the burial-transit permit. Then please remays earbon papers. Pages I land should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in on event, within 72 hours after less

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## MARYLAND STATE DEPARTMENT OF HEALTH 1201

IVISION	OF	VITAL	RECORD	s, 301	W.	<b>PRESTO</b>	N STREET,	BALTI	MORE,	MARYLAND	21
		0.000	DICAL			IEDIC	CERTIEL		05.5	PATH	

FOR STATE HEALTH DEPT.

5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health priar to burial, aremation, or removal, and in any event within 72 hours affect death.

**O DEPUTY MEDICAL EXAMINER:** This certificate should be executed within 24 hours ofter death. If any dinecessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, or the funeral director, Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm PMS.

TO DEPUTY MEDICAL EXAMINER:

VR A15ME (5) 6M 1/67

NAME OF DECASO    CLAUDE   CARROLL   DUFFY   SEATH   S	2740	4	MEDIC	AL EXAMINER	'S CERTIFI	CATE O	F DEATH		07381
D. CITY DE TION II dustide corporate limits, write RURAL and give answers town)  Salisbury  A NAME OF PROPRIAL OR NITUTION (If no in happind, give street oddress)  DOA Peninsula General Hospital  BOA Peninsula General Hospital  CARROLL  DUFFY  A DATE OF ARRED  CARROLL  DUFFY  A DATE OF ARRED  SEX  BOLLO OR REACE  T. MARRED  CARROLL  DUFFY  A DATE OF ARRED  SEX  BOLLO OR REACE  T. MARRED  CARROLL  DUFFY  A DATE OF ARRED  SEX  BOLLO OR REACE  T. MARRED  DUFFY  A DATE OF ARRED  WINDOWS  DUFFY  DUFFY  DUFFY  A DATE OF ARRED  SEX  BOLLO COUPATION (Give kind of work done WINDOWS  DUBLESSOR  WINDOWS  DUBLESSOR  WINDOWS  DUBLESSOR  A NAME OF BUSINESS OR WINDOWS  A CITY OR TOWN III OUT OR HOW IN PART I(o)  DUE TO CONTRADY OCCURRED  OUS TO CONTRIBUTING OR CAUSE BY  CALISE OF BUSINESS OR  INTERVAL BETWEEN  DOS TO PROVIDE TO PORT II of lines Its  CALIS OF BUSINESS OR  INTERVAL BETWEEN  DATE OF BUSINESS OR  INTERVAL BETWEEN  ACTUAL  ACTUA									e before odmission) .
MAND OF POPINIAL DRINSTITUTION (If not in haspitol, give street address)   D.O.A.   Salisbury	W:					Mary	land	Wic	
DOA Peninsula General Hospital  DOA Peninsula General Hospital  NAME OF BEESSED  OLAUDE  CARROLL  DUFFY  DEATH  STX  Month  DOAY  PAGE (In years)  DOAY  NOT BEESSED  OLAUDE  CARROLL  DUFFY  STX  MONTH  DEATH  STX  MONTH  DEATH  STX  MONTH  DEATH  STX  MONTH  DOAY  Year  ICHIDER 1 Fars  STX  MARKED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  INDIVISION  IN	b. CITY DR TOWN	(If outside corporate limits,			c. CITY OR	TOWN (If our	tside corporate limits, write Rl	JRAL ond give	neorest town)
DOA Peninsula General Hospital  DOA Peninsula General Hospital  NAME OF BEESSED  OLAUDE  CARROLL  DUFFY  DEATH  STX  Month  DOAY  PAGE (In years)  DOAY  NOT BEESSED  OLAUDE  CARROLL  DUFFY  STX  MONTH  DEATH  STX  MONTH  DEATH  STX  MONTH  DEATH  STX  MONTH  DOAY  Year  ICHIDER 1 Fars  STX  MARKED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  INDIVISION  IN	S:	alisbury		D.O.A.		Sali	sbury	2	1-1
DOA Peninsula General Hospital    AME OF First		-	in haspital, give	street address)	d. STREET		-		e. IS RESIDENCE ON A FARM?
DUFFY DEATH    CLAUDE   CARROLL   DUFFY   DEATH   S-15-67   19	DOA P	eninsula Gene	eral Ho	spital		608	Smith St.		
Section   Sect	3. NAME OF DECEASED (Type or print)					t	OF Z	15-67	19
10. KIND OF BUSINESS OR INDUSTRIAL CONTRIBUTION (Give kind of work done integrated of working file, even if retired)   10. KIND OF BUSINESS OR INDUSTR'S AME   SIND OF BUSINESS OR INDUSTR'S AME   1. MOTHER'S MAME   1. MOT	S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF E	BIRTH	9. AGE (In years		
FATHER'S NAME  J. SAMUEL DUFFY WAS DECEASED EVER IN U.S. ARMED DECES? SO, OF UNKNOWN III (If yes give way or of oles of service) WW. W. I.  16. CAUSE OF DEATH (Inter only one couse per line for (o), (b), and (c). PART IL DEATH WAS CAUSED BY:  Conditions, if ony, which gove if the to interest one of the couse (o), storing the underlying couse (c). Storing the underlying couse (c). Storing the underlying couse (c).  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c)  PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c)  PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c)  PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c)  PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONT	Male	W	WIDOWED [	DIVORCED	1-15	5-95	72 yrs.		
FATHER'S NAME   J. Samuel Duffy	Oo. USUAL OCCUPATIO	N (Give kind of work done			11. BIRTH	IPLACE (Stote	or foreign country)	12. CIT	IZEN OF WHAT
FATHER'S NAME   J. Samuel Duffy	Salesma	g lite, even if retired) N	Fu	irniture	W	icomic	o, Maryland	Ü.	S.A.
WAS DECEASED EVER IN U.S. ARMED FDRCES? So, no, or unknown) If yes give wg or dides of service 20—10—9762 Mrs. C.C. Duffy See Sec. #2  18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY: US NO. DUE TO Conditions, if any, which gove rise to immediate couse (o), storing the underlying couse (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19, WAS AUTOPSY PERFORMED? YES NO. 2  200. EXTERNAL CAUSE WAS PERFORMED? YES NO. 2  200. CITY OF PART II DETERMENT TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  INTERVAL BETWEEN THE TOO INSTEAD TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  INTERVAL BETWEEN THE TOO INSTEAD TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  INTERVAL BETWEEN THE TOO INSTEAD TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  INTERVAL BETWEEN THE TOO INSTEAD TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  INTERVAL BETWEEN THE TOO INSTEAD TO THE TER	3. FATHER'S NAME								
WAS DECEASED EVER IN U.S. ARMED FDRCES? So, no, or unknown) If yes give wg or dides of service 20—10—9762 Mrs. C.C. Duffy See Sec. #2  18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY: US NO. DUE TO Conditions, if any, which gove rise to immediate couse (o), storing the underlying couse (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19, WAS AUTOPSY PERFORMED? YES NO. 2  200. EXTERNAL CAUSE WAS PERFORMED? YES NO. 2  200. CITY OF PART II DETERMENT TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  INTERVAL BETWEEN THE TOO INSTEAD TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  INTERVAL BETWEEN THE TOO INSTEAD TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  INTERVAL BETWEEN THE TOO INSTEAD TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  INTERVAL BETWEEN THE TOO INSTEAD TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  INTERVAL BETWEEN THE TOO INSTEAD TO THE TER	J. Samu	el Duffy			Al	verta	Johnson		
Ses not or inknown	S WAS DECEASED EV	FRINIIS ARMED EDRCES?	16. SOC	CIAL SECURITY NO.				ress	
INTERVAL BETWEEN ONES   COPONARY OCCLUSION   INTERVAL BETWEEN ONES AND DEATH	(Yes, no, or unknown)	(If yes give war or dates of	service)		ire C.C	Duff	v See Sec. #2		
PERFORMED?  YES NO  20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH  20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19 of twork	Conditions, if on rise to immedic stoting the und	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO Any, which gove of e couse (o), lerlying couse (c)	Cor	onary occlu					
20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19 20d. INJURY OCCURRED While of work of twork of two of work of two of work of two of work of two of tw	PART II. OTHER !	SIGNIFICANT CONDITIONS COL							PERFORMED?
21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my opini death resulted from Natural couses, Accident, Suicide, Homicide, Undetermined manner, CHIEF MEDICAL EXAMINER, ASSISTANT MEDICAL EXAMINER, ASSISTANT MEDICAL EXAMINER, ASSISTANT MEDICAL EXAMINER, ASSISTANT MEDICAL EXAMINER, DEPUTY MEDICAL EXAMINER, May 16, 1967 NAME (Type) 109 Camden Ave., Palisbury, Md. Address (Street, city, town, or county)  30. BURLA, CREMATION, PREMOVAL (Specify) 5-17-1967 Parsons Cemetery Salisbury, M'ryland  24. FUNERAL DIRECTOR ADDRESS 250. RECID BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	PRIMARY Or C	ONTRIBUTING	20b. DESCR	RIBE HOW INJURY OCCUR	RED. (Enter noture	of injury in	Port I or Part II of item 18.)		
deoth resulted from Natural couses X, Accident , Suicide , Homicide , Undetermined monner   ACTUAL SIGNATURE	Hour o	o.m.	While F	Not While				(Cou	unty) (Stote)
deoth resulted from Natural couses X, Accident , Suicide , Homicide , Undetermined monner .  ACTUAL SIGNATURE	21. I certi	ify that I took charge	of the remo	ins described above	, held an Aut	opsy ,	Inspection 🔼 , Inc	uiry X,	ond in my opinion
ACTUAL SIGNATURE  EXAMINEDS NAME (Type)  LO9 Camden Ave., Salisbury, Md.  DEPUTY MEDICAL EXAMINER May 16, 1967  Address (Street, city, town, or county)  Co. Burial  ADDRESS  Cemetery  Salisbury, M'ryland  ADDRESS  22. DATE SIGN  May 16, 1967  Address (Street, city, town, or county)  (County) (Stote)  Salisbury, M'ryland  ADDRESS  24. FUNERAL DIRECTOR  CHIEF MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER  May 16, 1967  May 16, 1967  May 16, 1967  Solisbury, May 16, 1967  Address (Street, city, town, or county)  County) (Stote)  County (County) (Stote)  County (County) (Stote)  County (County) (Stote)  County (County) (County)  Co								monner	]
SIGNATURE  EXAMINEDS NAME (Type)  LOO Camden Ave., Salisbury, Md.  DEPUTY MEDICAL EXAMINER L  DEPUTY MEDICAL EXAMINER L  Address (Street, city, town, or county)  Co. BURIAL, CREMATION, REMOVAL (Specify) BUTIAL  23b. DATE THEREOF  Parsons Cemetery  ADDRESS  Parsons Cemetery  Salisbury, M'ryland  24c. FUNERAL DIRECTOR  ADDRESS  25c. RECID BY REGISTRAR 25b. REGISTRAR'S SIGNATURE		13 1.	1		(	HIEF MEDICAL	EXAMINER		00 0177 01011
Examine France   Earl L. Royer, M.   DEPUTY MEDICAL EXAMINE   May 16, 1967		/ Com	3	2	M.D. A	SSISTANT MED	200.		
So. BURIAL, CREMATION, REMOVAL (Specify) Burial 5-17-1967 Parsons Cemetery Salisbury, M'ryland  24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	EXAMINERS				Total Control			May	y 16, 1967
REMOVAL (Specify) Burial 5-17-1967 Parsons Cemetery Salisbury, M'ryland ADDRESS 250. REC'D BY REGISTRAR 25B. REGISTRAR'S SIGNATURE		TION 23h DATE THER	FOF					own)	(County) (Stote)
24. FUNERAL DIRECTOR ADDRESS 2SO. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE	REMOVAL (Speci	(ify) 5. 17 10	1						
THE TOTAL DIRECTOR			0/		menery	2So. REC'I		REGISTRAR'S S	
Hill Funeral Home, Salisbury, Md. WAY 19 1007 Clanda Quelet.			Saligh	110011200				11 1	0

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Little of the control of the control of the

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 07405 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) b. COUNTY Wicomico a. COUNTY a STATE Page delay is of death. Maryland Wicomico MARYLAND State Deportment b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b PM3 write RURAL and give nearest town) Salisbury Salisbury hours aft d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? farm Give Pages Peninsula General Hospital R.D.#1. (St. Lukes Rd. YES NO 24 haurs after death. With 3. NAME OF Middle 4. DATE Day Year DECEASED ith the (Type or print) 1967 DANTEL MARVIN DYKES DEATH propo Mav S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Ž 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Manths Days Hours in Item 18. April 27, 1961 WIDOWED DIVORCED event Male White and 10a. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (State ar fareign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during mast af warking life, even if retired) INDUSTRY COUNTRY? Salisbury, Maryland pages in any the certificate, writing the ward "pending" in pencil in shauld be farwarded to the Chief Medical Examiner's School none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate shauld be executed within Marvin Hamilton Dykes Deborah Anne Asplen File IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Mr. Marvin H. Dykes (Father) remayal. (Yes, na, ar unknown) (If yes give war ar dates of service No R.D.#1. St. Lukes Rd., Salisbury, Ma. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY OWSET AND DEAT П IMMEDIATE CAUSE (a) used as a burial-tr burial, crematian, DUE TO Canditians, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO 3 pe priar ta 20a. EXTERNAL AUSE WAS PRIMARY → or CONTRIBUTING □ 3 should CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Yeor PLACE OF INJURY (Hame, farm, (State) Not While at wark factory street, office (Idg., etc.) FUNERAL DIRECTOR: Page 5-12-19 ( 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection Inquiry and in my apinian the funeral directar. death resulted from: Natural causes Suicide [ Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Health ar Earl L. Royer M.D. DEPUTY MEDICAL EXAMINER X 409 Camden Ave. Salisbury, Md. Address (Street, city, tawn, or county) BURIAL, CREMATION, REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 50 Wicomico Memorial Park Salisbury, Maryland Burial 24. FUNERAL DIRECTOR 25b ABASTRAPS HENAUPL & COMPANY, SALISBURY, MARYLAND VR A15ME

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE. MARYLAND 21201 07406 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DERT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Page jo Wicomico Maryland Wicomico MARYLAND deloy Department c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 puo write RURAL and give nearest tawn) after Salisbury Salisbury d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) form hours in pencil in Item 18. Give Poges 1, the State Peninsula General Hospital D.O.A. YES NO (St. Lukes Rd. R.D.#1 be executed within 24 hours after death. olong with NAME OF DATE First Middle Lost Doy Year DECEASED OF 19 67 DEBORAH DYKES (Type or print) May (ASPLEN) DEATH W.W + SEX B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthdov) Months Haurs White Female WIDOWED DIVORCED May 28, 1937 29 2 any event l and 7 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired)
School Teacher COUNTRY? INDUSTRY Cambridge, Maryland USA forwarded to the Chief Medicol Examiner's 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME .= Florence Muriel Smith J. Hamilton Asplen gnd 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT permit. (Yes, no, or unknown) (If yes give wor or dotes of service) or removal. Mr. Marvin H. Dykes (Husband) 218-34-7763 No R.D.#1, St. Lukes Rd., Salisbury, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) This certificate should writing the word burial, cremation, DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse 0 00 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION please execute the certificate, NO pe 0 4 should be 20o. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port ogent, prior 3 should MEDICAL EXAMINER: CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (County) (Stote) PLACE OF INJURY (Home, form, foctory, street, office bld While Not While moy be retained for your FUNERAL DIRECTOR: Page of work 19 67 ot work designoted 21. I certify that I took charge of the remains described above held an Autopsy X and in my opinion Inspection be retained for the funeral director. death resulted from: Natural causes Accident -Suicide Undetermined manner Hamicide CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER Health or L. Royer, M. Salisbury, EXAMINER'S Address (Street, city, fown, or county) 23o. BURIAL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 0 REMOVAL (Specify) Salisbury, Maryland Wicomico Memorial Park 24. FUNERAL DIRECTOR

& COMPANY. SALISBURY, MARYLAND

VR A15ME (5)

6M 1/66

Will inge Kind in the same of which similate - starle train - Sent Aug !

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the trackal director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon peners. Pages I and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

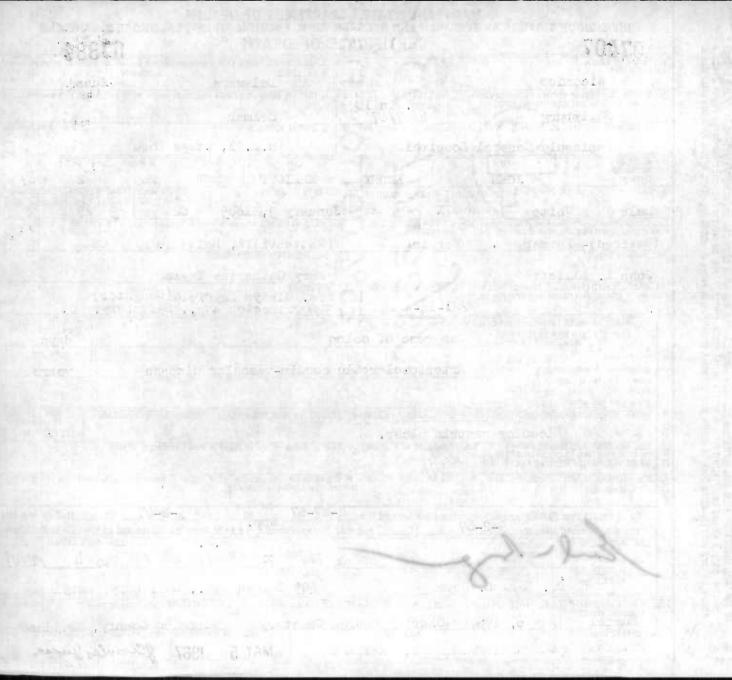
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	11/40			O MILLION	9///	01 247111	-			113	44	
1.	PLACE OF DEAT	H				2. USUAL RESIDEN	CE (Wher	e deceased	lived, If instit	ution: Res	idence l	efore admission
		comico		MARYL	AND	a. STATE	aware		b. COUNTY	Sus	sex	✓
	b. CITY OR TOW	N (If outside corporate	Ilmits,	C. LENGTH OF STAY		c. CITY OR TOWN (I			limits, write			nearest town
	Write RURAL	and give nearest town)		Adm. in 1	D				, ,		1.	2
		isbury SPITAL OR INSTITUTION	did not in hou	4/27/67	delegan	d. STREET ADDRESS				1	6	IS RESIDENCE
	G. NAME OF HO	SPITAL OR INSTITUTION	(it not in no:	spital, give street ac	idress)						0.	ON A FARM?
		insula Gener		div .		R.D			Road		-	S NO
3.	NAME OF DECEASED	Firs	t	Middle	1	Last	4. D/	TE	Month		Day	Year
	(Type or print)	JOHN	V	EMORY		ELLIOTT		EATH	May		2	1967
5.	SEX	6. COLOR OR RACE	MARRIED	NEVER MARRIED	8	. DATE OF BIRTH		9. AGE			YEAR II	FUNDER 24 HRS Hours   Min.
	Male	White	WIDOWED	X DIVORCED	J	anuary 3.	1885	82			29	nours min.
10a	USUAL OCCUPATION MOST OF WORK	FION (Give kind of work do	one 10b. KII	ND OF BUSINESS OR		11. BIRTHPLACE (		tate, or for	eign country)	12. CIT	IZEN O	F WHAT
		- Farmer	1	rming		Whitesvil	le. I	elawa	ire	US		
	FATHER'S NAM					14. MOTHER'S MAI						
	John L.	Elliott				Mary Cath	erine	Tavl	or			
15	. WAS DECEASED	EVER IN U.S. ARMED FOR	CES?   16. S	OCIAL SECURITY NO.	.   17.	INFORMANT	-		Address	4 1		
-		(If yes give war or dates of s		-14-4214	100	Mrs. Glady	s Lay	field	(Daugn	ter	Ma	
	VO	DEATH FESTIVATION				320 Prince	ton w	ve.,	Dalie	ury,	Md.	VAL BETWEEN
		DEATH [Enter only one									ONSE	T AND DEATH
	PARI I. D	EATH WAS CAUSED BY: IMMEDIATE CAUSE (	a) Gar	ngrene of	CO TO	1					da	ays
	4221	DUE TO	0									
	Conditions, if		Art	cerioscler	otic	cardio-vas	cula	r dis	ease		ye	ears
	gave rise to		0									
	cause (a), s underlying cau	tating the	c)							- 0		
No		SIGNIFICANT CONDITION		ING TO DEATH BUT N	OT RELAT	ED TO THE TERMINAL	DISEASE	CONDITIO	N GIVEN IN PA	ART 1(a)		WAS AUTOPSY
ATI		Bleeding	coetni	ic ulcer.								PERFORMED?
E.	20a ACCIDENT	WAS UNDERLYING			X OCCIII	RRED. (Enter nature	of Injury	In Part 1 o	r Part II of	Item 18.)	1	23
CERTIFICATION	OR CONTRIBUT	ING CAUSE OF DEATH	ER)	N/A	(1 0000)	WED. CENTOR MOTOR O	o. mjurj					
CAL	20c. TIME OF	INJURY Month, Day, Yo	ear   20d. IN	JURY OCCURRED   2	Oe. PLAC	E OF INJURY (Home,	farm, 20	of. (City	or town)	(Coun	ty)	(State)
MEDICAL	Hour a.	m. 19	While at work	Not While	ractor	y, street, office bldg.,	etc.)					
2		fy that (I) (this hospi			om 4-	-27-67	19	to 5.	-2-67	. 19	tha	at (I) (we) las
		ceased alive on	-2-67	19, a	nd that	death occurred at	5:15N	, from th	e causes a	nd on the	e date	stated above
	22a. SIGNATU	RE ()			-		P.	M.		22b. DA	TE SIGI	NED
	10	4 - 12	12		M.D.	ATTENDING PHYS.	MED. DIRECTO		TAFF HYS.	May	4	/1967
	22c. PHYSICI	AN'S	X			22d. ADDRESS						
	NAME (T	ype) Dr. Earl	I. Roy	er		409 Cama	en_Av	re., S	Balisbu	ry. I	Vary	land
238	BURIAL, CREM	MATION, 23b. DATE TH		23c. NAME OF CE	METERY				ON (City, tow			(State)
-	REMOVAL (Sp	eclfy)	1967									
24	FUNERAL DIR		190/	Charity Cl	iur.cr	25a. R	EC'D BY	REGISTRAR	25b. REG	ISTRAR'S	SIGNA	FURE
"		AY & COMPANY	SALTO		VI AND						-	
		T TO CONTENTAL	, DALLA	DOURT, WAR	I Liffill	DAMA	1 9	1967	1 Xu	arle	1 xu	2

VR A15 (4) 15M 4-64



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within the hours after death.

VR A15 VR A15 (4) 20M 5-63

### MARVIAND STATE DEPARTMENT OF HEALTH

	MARILAND STATE DEPARTMENT OF HEALTH
<b>DIVISION OF</b>	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
0 0	CERTIFICATE OF BEATH

	87405	CERTIFICATE	OF DEATH	67	385
1.	PLACE OF DEATH		2. USUAL RESIDENCE (Where	deceased lived, If institution: Re	sidence before edmission)
	o. COUNTY		o. STATE m	b. COUNTY	
	Musmuro	MARYLAND	110		comes
	b. CITY OR TOWN (if butside corporate limits, write RURAL and give mearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside co	rporate limits, write RURAL and	give nearast town)
	Delmer		del a	ner	000/
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp	ital give street address)	d. STREET ADDRESS	101	. IS RESIDENCE
	1 11/ - 5 1	1	2 11 7 8	· r pt	ON A FARM?
	2 West Got	94	d Mest Co	21	YES NO
3.	NAME OF First	Middle	Last 4. DATE	Month	Day Year
	(Type or print)	(Van	OF DEAT	H Mars	2/ 1967
5	SEX   6. COLOR OR MACE   7 MARRIED	- WILL	DATE OF BIRTH	9. AGE (In years   IF UNDER 1 )	
٠.	Ma D IIII T MARRIED	NEVER MARRIED 8	m 11 1012	In a breatful	eys Hours Min.
	Male Mkile WIDOWED	DIVORCED	11my 1, 170	54 yrs.	The state of the s
10	B. USUAL OCCUPATION (Give kind of work 10b. KIN	NO OF BUSINESS OR INDUSTRY	Y 11. BIRPHPLACE (County & State,	or foreign country)   12. CITIZ	EN OF WHAT COUNTRY?
ac	one during most of working life, even if retired)	whore	11/	mi	U.S.
13	FAJHER'S NAME	octor f	14. MOTHER'S MAIDEN NAME	1101	2.01
13.	1/1		14. MOTHER'S MAIDEN NAME	n 11	
-	John MM. Theery		Plant Unn	1 Burdel	
15	AS DECEASED EVER IN U.S. ARMED FORCES?   14/5	OCIAL SECURITY NO. 17. I	NFORMANT	Address	
(10	no, or unkown) (Ifyesgivewarordatesofservice)	1-11-9189			
	18. CAUSE OF DEATH [Enter only one cause per-lir	1001			
	PART I. DEATH WAS CAUSED BY	ie for (a), (b), and (c).)	_		ONSET AND DEATH
	IMMEDIATE CAUSE (a)	eiron R lun	3 e widerpud		
	16 3 X DUE TO				,
	Condition if your 13.15	met. F.	-:		6 Mrs
	Conditions, if any, which and (b) gave rise to immediate cause	"THE FAIL	RL1		-700
	(a), stating the undarlying DUE TO				
	ceuse last. (c)				
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEAS	E CONDITION GIVEN IN PART	I(a) 19. WAS AUTOPSY
15		THE PARTY OF THE PARTY			PERFORMED?
S					YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCOR CONTRIBUTING CAUSE OF DEATH	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or Pe	rt li of item 18.)	
ü	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
3	20c. TIME OF INJURY Month, Day, Year   20d. IN	NJURY OCCURRED   20e. PLA	CE OF INJURY (Home, farm, ! 20f. (C	Ity or town) (Coun	ty) (Stete)
MEDICAL	Hour a.m. While		ory, street, office bldg., etc.)		
×	p.m. 19 at work	at work		2	
	21. I certify that (1) (this hospital) attend	ed the deceased from	Oct , 1964, to	0. //47, 196	, that (I) (we) last
	saw the deceased alive on	19.67 and that	death occurred at 2. AM. fro	m the causes and on the	date stated above
	22e. SIGNATURE		dodn't decarred by party		22b. DATE
-	4		ATTENDING MED.	STAFF 5	SIGNED
	/ Kris W.	M.		☐ PHYS. ☐ ⋑	-23-67
	22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS	1 001.	00 .
	NEVINS N.	1000	/ Relied Cl	r fallsbury	The.
23	B. BURIAL, CREMATION, 236. DAJE THEREOF	23c. NAME OF CEMETERY C	OR CREMATORY   23d. LO	CATION (City, town or county)	(State)
	REMOVAL (Specity) 5 30117	17. Stal	Com A	0	Al
1	3 24161	or ofen	and all	comer .	
24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS /	25a. REC'D BY REGI	STRAR 256. REGISTRAR'S SI	GNATURE VILLER
	Williamy Merrel	Velmer a	Del 10MAY 25 1	96/1 Junarius	1
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- 10 m

# MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07100	CERTIFICAT	E OF DEATH		07386
1. PLACE OF BEATH  a. COUNTY  Wicomico	MARYLAND	o. STATE Mar	yland b. COUNT	nn: Residence before admission)   YSomerset
<ul> <li>b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)</li> </ul>	c. LENGTH OF STAY IN 1b		side carparate limits, write RUR	
Salishury		(Frencht	own Rumbley	21859 197
d. NAME OF HOSPITAL OR INSTITUTION (If not in	haspital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Peninsula Genera	al Hospital			YES NO Z
3. NAME OF DECEASED (Type or print)	WESLEY F	RENCH	4. DATE Month OF DEATH MAY	Day Year 1967
S. SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	Manths Days Haurs Min.
MALE WhitE W		11/12/1893	γ15.	
10a, USUAL OCCUPATION (Give kind of work dane during night and working his men if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Somerset	State, ar fareign country)	12. CITIZEN OF WHAT
13. FATHER'S NAME Samuel E. French		14. MOTHER'S MAIDEN N Minerva		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknawn) (If yes give war ar dates af sen		informant s. Juanita	French; Ruml	oley,Md.21859
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  (c)	Ca. Paner	kas.		Onset and death
PART II. OTHER SIGNIFICANT CONDITIONS CONTR	RIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Hour a.m.	20b. DESCRIBE HOW INJURY OCCURRED.	. (Enter nature of injury in P	art I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19		ACE OF INJURY (Home, farm, ctary, street, affice bldg., etc.)	20f. (City ar tawn)	(County) (State)
21. I certify that (I) (this haspita saw the deceased alive on	il) attended, the deceased, tram_		96 ta >// 48 M, fram couses of	196 that (I) (we) la
22a. SIGNATURE	A / M	I.D. PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type) OSWALC	J. Burton	22d. ADDRESS		
23a. BURIAL, CREMATION, 23b. DATE THEREOUS 5/17/19			23d. LOCATION (City or Town Fairmount; S	
20. FUNERAL DIRECTOR Henne	Princess An	ne, 2Sa. REGIO	BY REGISTRANGE 2Sb. 1987	PATRAR'S SIGNATURE LARE

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campietely filled in by the fur director, page 3 should be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages should be filed with the State Dept. of Health priar to burial, cremation, ar removal, and in any event, within 72 hours after

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		07410	CERTIFICATE	OF DEATH		07438		
		PLACE OF DEATH			Where deceosed lived, if institution			
	(	o. COUNTY Wicomico	MARYLAND	o. STATE Delaw	are b. COUN	Kent		
	ŀ	b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If ou	tside carparate limits, write RUR			
		write RURAL and give nearest tawn) Salisbury		Smyrr	na	44.3		
1.4	- (	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, c	give street address)	d. STREET ADDRESS		e. IS RESIDENCE		
0		Peninsula Gener	ol Hognitel	R.D.		ON A FARM?		
	3. 1	NAME OF First	Middle	Last	4. DATE Mantl			
		DECEASED (Type or print) Robert	1	-11/Ches	OF DEATH Man	20 1967		
	S. 5		ALEX  NEVER MARRIED   8	B. DATE OF BIRTH	9. AGE (In/years	IF UNDER 1 YEAR   IF UNDER 24 HRS.		
		WID ONLD		larch 6, 188	last bighday) 81 yrs.	Months Days Haurs Min.		
		nate   willte	ND OF BUSINESS OR		& Stote, or foreign country)	12. CITIZEN OF WHAT		
			DUSTRY arming	Noeth Car	olina	COUNTRY?		
		FATHER'S NAME	arming	14. MOTHER'S MAIDEN I		T USH		
	,	John Edmond Furches	Miles / Williams	Rebecca G	rier			
	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. I	NFORMANT	Addre			
		es, no, or unknawn) (If yes give wor or dates af service)	R€	ev. Roy Furc	hes, Box 125,	Mardela Springs, Maryland		
		18. CAUSE OF DEATH (Enter anly one cause pegline fag	(a) (b) and (c))	1	~	I INTERVAL BETWEEN		
		PART I. DEATH WAS CAUSED BY:	y dralin 7	+ lines	mer	ONSET AND DEATH		
		360X Due to Due to						
		Conditions, if ony, which gave ) (b) Dabetes Mellity						
		rise ta immediate cause (a), stoting the underlying cause DUE TO						
		last. (c)						
	-	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CON	IDITION GIVEN IN PART ((a)	19. WAS AUTOPSY PERFORMED?		
2	CERTIFICATION	hobable septice	ruia , seen	day to	womany her	YES NO TH		
	FE		SCRIBE HOW INJURY OCCURRED.	Enter nature of injury in	Port I or Port II of item 18.)			
		OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	N/A					
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. In	JURY OCCURRED 20e. PLAC	E OF INJURY (Home, farm		(Caunty) (State)		
	MEC	Hour o.m. While p.m. 19 at work		ory, street, office bldg., etc.)		1,		
		21. I certify that (I) (this hasgital) attern		5/19/	96/10 5/2	0 / 196 ), that (1) (we) last		
		saw the deceased alive an 25//	9 / 19 6 7, and that	death accurred at	olopm, fram causes			
		220. SIGNATURE		ATTENDING	MED. STAFF	22b. DATE SIGNED		
			D.M.	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	May 20, 1967		
		22c. PHYSICIAN'S	1	22d. ADDRESS	1015	/.)		
1		NAME (Type) OSCUALD J BL	rton	Medic	n/ (enter.)	Alishury, Westing		
	230	D. BURIAL, CREMATION, 23b. DATE THEREOF	23 NAME OF CEMETERY OR C	REMATORY Privat	23d. LOCATION (City or Tov			
		REMOVAL (Specify) Burial May 22, 1967	West Jefferso	n	West Jellels			
	24.	FUNERAL DIRECTOR	ADDRESS	2Sa. REC'I		GISTRAR'S SIGNATURE		
		HOLLOWAY & COMPANY, SALI	SBURY, MARYLAN	D DATE M	AY 2 4 1987 /	many huse		

1967

**10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician ond completely filled in by the funeral director, page 3 should be detached for use as the burial-tronsit permit. Then please remove forten papers. Pages 1 and should be filled with the State Dept of Health prior to buriol, cremotion, or removol, and in ony evect, within 72 hours after death Poge 4 moy be retained by the hospitol or ottending physician.

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THE RESIDENCE OF THE PROPERTY  MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. requires that the death certificate be executed within 24 haurs after death pup physician and campletely filled in by the funeral en please remave carban papers. Pages 1 and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY Wicomico within 72 haurs after MARYLAND c. LENGTH OF STAY IN 1b butside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If write RURAL and give nearest town) 15 e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS Peninsula General Hospital NO NO YES carban NAME OF Middle DATE Month Year First Lost Doy DECEASED event, (Type or print) 44155 DEATH 196 IF UNDER 1 YEAR IF UNDER 24 HRS SEX 6 COLOR OR RACE DATE OF BIRTH AGE (In years 7. MARRIED **NEVER MARRIED** lost birthdoy) Months Days Hours remaval, and in any WIDOWED DIVORCED On, USUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10h COUNTRY? during most of working life, even if retired) INDUSTRY SHEPPARDST HSE WILL 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending phys WELL D 0 16. SOCIAL SECURITY NO WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (Yes, No of unknown) (If yes give wor or dotes of service ar burial, crematian, INTERVAL BETWEEN ONS AND DEATH CAUSE OF DEATH (Enter only one couse per ling for (o), and (c). the signed by the burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) by the haspital ar attending physician. DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a) DUE TO stoting the underlying couse prior to the has been OR ATTENDING PHYSICIAN: The law last. 00 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) Health p CFRTIFICATION NO O FUNERAL DIRECTOR: After this certificate far 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING FI CAUSE OF DEATH af detached (IF EITHER, NOTIFY MEDICAL EXAMINER Dept. MFDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form.) 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Dov. Year foctory, street, office oldg., etc.) Hour o.m. Not While State of work of work pe 21. I certify that (1) (this haspital) attended the decrased 196 plnous be retained with the 34 saw the deceased alive an and that death occurred at M, fram/causes and an the date stated abave. 22o. SIGNATURE 22b. DATE SIGNED **ATTENDING** STAFF M.D. DIRECTOR PHYS filed PHYS. 22d. ADDRESS TO HOSPITAL Page 4 may b 22c. PHYSICIAN'S directar, po shauld be f NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION 23b. DAJE THEREO (Stote) (County)

2Sb. REGISTRAR'S SIGNATURE

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24. FUNERAL DIRECTOR

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 07412 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY Wicomico MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest tawn) e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS Peninsula General Hospital First Middle DATE Month Year DEATH (Type or print) 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED Months Hours WIDOWED DIVORCED 12. CITIZEN OF WHAT 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY 2 USENIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT (Yes, ng. ar unknown) (If yes give war ar dates of service INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) DUF TO Canditians, if any, which gove (b) rise to immediate cause (a), DUE TO stating the underlying couse WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? YES A ass, bladder 20g. ACCIDENT WAS UNDERCYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter poture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

Gaisenoma

20c. TIME OF INJURY Manth, Day, Year

Haur o.m.

3. NAME OF

SFX

DECEASED

(State)

factory, street, affice bldg., etc.) 2]. I certify that (I) (this hospital) attended the deceased fram 5-10-1967, ta 5-28-, 1967 that (I) (we) last - 1967, and that death accurred at 410PM, fram causes and an the date stated above.

20f. (City or town)

SIGNATURE		0	12		į
	( I amu	6.	Colyfol	M.D.	
DIMINIST CLINIC	75		, , ,		

20d. INJURY OCCURRED

Not While at wark

22d. ADDRESS

20e. PLACE OF INJURY (Hame, farm,

DIRECTOR

PHYS.

22b. DATE SIGNED

PHYSICIAN'S	,	2.//
NAME (Type)		19166
VAMKS.	65	CA FORD

23c. NAME OF CEMETERY OR CREMATORY

DATE

23d. LOCATION (City or Town) (County) (Stote)

(County)

24. FUNERAL DIRECTOR

23g. BURIAL CREMATION.

220.

22c.

REMOVAL (Specify)

23b. DATE THEREOF

saw the deceased alive an 5-28

ADDRESS

2Sa. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

VR A15 (4) 20 M 1/66

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director, page 3 shauld shauld be filed with the

physician and campletely filled in by the funeral en please remave carbon papers. Pages 1 and

within 24 haurs after death

executed

requires that the death certificate be

be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate

Page 4 may

signed by the attending phy

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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U		4	L	U

## CERTIFICATE OF DEATH

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1. PLACE OF DEATI				Where deceased lived, if institution: Re	esidence befare admission)
	Wicomico	MARYLAND	o. STATE Mar	yland b. COUNTY	Wicomico
b. (ITY OR TOWN write RURAL Salisb	((If outside corporate limits, and give nearest town)	c. LENGTH OF STAY IN 16 9 days	c. CITY OR TOWN (If or Salisb	utside corparate limits, write RURAL and	d give nearest tawn)
d. NAME OF HOS	PITAL OR INSTITUTION (If not in hospital, s Head State Hospi	give street address) tal	d. STREET ADDRESS 505 Anne	Street	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type ar print)	First <b>James</b>	Middle Hen <b>ry</b>	Hitch	4. DATE Month OF May	Doy Year 5 19 67
S. SEX	6. COLOR OR RACE 7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	B. DATE OF BIRTH  March 21. 1	9. AGE (In years last birthday) Man	NDER 1 YEAR   IF UNDER 24 HRS ths Days Haurs Min.
	ng life, even if retired)  Cha	IND OF BUSINESS OR NDUSTRY AUTIER	11. BIRTHPLACE (County	& State, ar fareign country) 1  t County Ma	2. CITIZEN OF WHAT COUNTRY? USA
(Unk.) 15. WAS DECEASED I (Yes, no, or unknow) Yes	VER IN U.S. ARMED FORCES?  (If yes give war or dates af service)		Lena Hitc INFORMANT Mrs. Hazel E	h Address Hitch (Wife) eet, Salisbury,	Ma
Canditians, if a rise to immed stating the unlast.	) (c)				24 hours
PART II. OTHER	significant conditions contributing rteriosclerosis, g		THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT V OR CONTRIBUTION		ESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Part I or Port II of item 18.)	
Haur '	a.m. While		ACE OF INJURY (Home, farn stary, street, office bldg., etc.		(Caunty) (Stote)
21. I cer saw the 22a Signatus 22c. PHYSICIAI NAME (Ty	Mostrull	19 <u>67</u> , and the	at death accurred at  ATTENDING D. PHYS.	M, fram causes and c	1967, that (I) (we) I on the date stated aba b. DATE SIGNED 5/8/67 .isbury, Md.
230. BURIAL, CREMA REMOVAL (Spec Burial	ify)	23c. NAME OF CEMETERY OR Parsons Ceme		23d. LOCATION (City or Town)  Salisbury: Me	(County) (State)
24. FUNERAL DIRECT		ADDRESS	25a. REC'I	BY REGISTRAR 256. REGISTRA	AR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please lember carban papers. Pages Land is shauld be filed with the State Dept. of Health prior to burial, crematian, ar removal, and in my event, within 72 hours after depth

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

within 24 hours after death

requires that the death certificate be executed

attending physician.

has been

TO FUNERAL DIRECTOR: After this certificate

VR A15 (4) 20 M 1/66

be retained by the haspital ar

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physician a nen please

CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) I. PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Maryland Worcestery MARYLAND Wicomico b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 12 days Rural-Pocomoke City Salisbury e. IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) 80 R.F.D. YES K NO Hospital Peninsula General 4 DATE NAME OF Doy Year DECEASED (Type or print) OF DEATH 196 DATE OF BIRTH 9. AGE (In year) IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** last birthday) Months 20,1900 WIDOWED DIVORCED March 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of warking life, even if retired)
Farmer COUNTRY? Farming Maryland
14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Anna Lee Ward Denard Wesley Holland Address R. F. D. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war ar dates of service) 214-12-6748 Mrs Evelyn Holland, Pocomoke City, Md signed by the after burial-transit perm burial, crematian, a INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUF TO Canditians, if any, which gove rise to immediate cause (a), DUE TO stating the underlying couse d for use as the of Health priar ta WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I ar Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Haur o.m. ot work 19 6 /thot (1) (we) lost 21. I certify that (1) (this haspital) attended the deceased from and that death occurred of My from causes and on the date stated above. sow the deceosed alive on\_ 22o. SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR director, page 22d. ADDRESS 22c. PHYSICIAN'S BURTON. M.D. NAME (Type) Medical Center, Salisbury, Md. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23g. BURIAL, CREMATION. Burial (Specify) Pocomoke City, Wor., Goodwill Methodist Md. -5-1967 FUNERAL DIRECTOR 25o. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Melanles Judge Pocomoke City, Md. DATE MA

ALCIN 

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

17391

. 2 .			07415	CERTIFICATE	OF DEATH		07391
death ond			LACE OF DEATH	MARYLAND	2. USUAL RESIDENCE	h com	tian: Residence before admissian) NTY // COM/CO
章 (北美)	-	E	WICOMICO CITY OR TOWN (If outside corporate limits.	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I/ o	utside corporate limits, write RU	(RAL and give nearest tawn)
by the			CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Salisbury	2 WKS	SALIS	bury	22.1
4 ho d in sers. 72 h	11	C	. NAME OF HOSPITAL OR INSTITUTION (If not in	n hospital, give street address)	d. STREET ADDRESS	11-11	IS RESIDENCE     ON A FARM?
n 24 hc illed in popers. nin 72 h	80		Peninsula Gene	ral Hospital	LEMOI	NHILI	YES NO D
ecuted within 24 completely filled by evertarbon pope event, within 77		1	PAME OF DECEASED ESTATE	VIRQUNIA A	torner.	4. DATE Man	Doy Year /2 1967
cecuted		-		MARRIED NEVER MARRIED 8	DATE OF BIRTH	9. AGE (In years)	Months Days Hours Min.
cian and eose rem		10o.	USUAL OCCUPATION (Give kind of work done on most of working life, even it retired)	10b. KIND OF BUSINESS OR O'NDUSTRY HOME		y & State, ar fareign cauntry)	12. CITIZEN OF WHAT COUNTRY?
icate sicie plec l, or	1	13.	FATHER'S NAME	110111	14. MOTHER'S MAIDEN	NAME	1 0 / 3, ///
phy nen navo			J. Robert Jone	5	Suger	V BLOODS LA	vorth
ne deoth certificate be ex attending physician and permit. Then please ren ion, or remavol, ond in an			WAS DECEASED EVER IN U.S. ARMED FORCES? (, na, ar unknawn) (If yes give war ar dates af se	16. SOCIAL SECURITY NO. 17. II	NFORMANT O	RSONS Recor	ess Lz'
requires that the ng physicion. In signed by the le burial-transit to burial, cremati			18. CAUSE OF DEATH (Enter only one couse PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  527 DUE TO  Conditions, if ony, which gove inse to immediate couse (a), stoting the underlying couse (b)	- Emphysema. - Cachexia'	Bilalir	el Preumot	NOVAX. INTERVAL BETWEEN ONSET AND DEATH
The low rattending or attending e hos been use os the	3	NON	PART II. OTHER SIGNIFICANT CONDITIONS CON		HE TERMINAL DISEASE CO	INDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
IAN: tol or ficate for u		CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (	Enter nature of injury in	Part I ar Part II of item 1B.)	YES NO
IG PHYSIC the hospin r this certing detached the Dept. of		MEDICAL	20c. TIME OF INJURY Month, Day, Year Haur a.m. p.m. 19		E OF INJURY (Hame, far ry, street, office bldg., etc		(Caunty) (State)
DING I by th After the be de Stote			21. I certify that (I) (this haspit	tal) attended the deceased fram	4. 24	19 67, to 5 - 1	2 , 19 67, that (1) (we) las
TOR: A Tould the the			saw the deceased alive an 5	1967, and that	death accurred a	1.3 42 PM, fram causes	and an the date stated above
Ni s			220. SIGNATURE Nalre	J. Warral M.D	111101	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED 5-12-67
SPITAL O 4 moy be IERAL DII or, page or, page Id be filed	1		22c. PHYSICIAN'S NAME (Type) NABIL	F. WARSAL	22d. ADDRESS Denis	sula Gen	Hosp.
TO HOSPITAL OR Poge 4 may be to FUNERAL DIR director, page 3 should be filed.	P	230	BURIAL, CREMATION, 23b. DATE THERE STANDARD STAN	707 10.1	REMATORY	23d. LOCATION (Gity or To	own) ((gunty) (State)
VR A15 (4)	1/0	24.	FUNERAL DIRECTOR	me salisbuy, n	2So. REC	157 -	EGISTRAR'S SIGNATURE

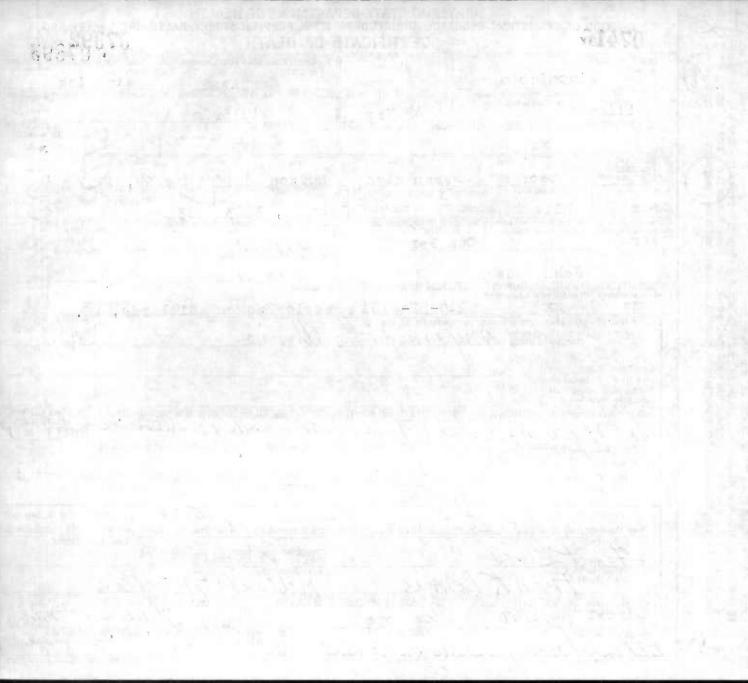
No table 1 

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in an expect within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 15M 4-64

# MARYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 17392

1.		2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)							
	e. county Wicomico	a. STATE b. COUNTY Wicomico							
-		MARYLAND  1 c. LENGTH OF STAY IN 1b	c. CITY OR TDWN (If outside corporete limits, write RURAL and give nearest town)						
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)				9 3 1				
-	d. NAME OF HOSPITAL OR INSTITUTION (If not in ho	48 Yrs	d. STREET ADDRESS	llards	e. IS RESIDENCE				
		ospitai, give street auutess)			ON A FARM?				
-	XX		RI	FD	YES NO				
3.	NAME OF First DECEASED	Middle	Last	4. DATE Month	h Day Year				
		Fran klyn	Hudson	DEATH MEY 29	9. 1967 19				
5.			8. DATE OF BIRTH	9. AGE (In years last birthday)	LIE LINDED I VEAD HE LINDED 24 HDC				
1	Male White WIDOWED	DIVORCED	uly 26, 18	83 83 yrs.	Months Days Hours Min.				
10	Da. USUAL OCCUPATION (Give kind of work done   10b, Ki	(IND OF BUSINESS OR		unty & State, or foreign country	y)   12. CITIZEN OF WHAT				
di	It a name a se	NDUSTRY	36 3		COUNTRY?				
1	3. FATHER'S NAME	n Farm	Maryhan	EN NAME	USA				
-		1 2 1							
_	John Hudson		Eliza E	vans					
C	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. Yes, no, or unkown) (If yes give war or dates of service)	SOCIAL SECURITY ND. 17.	INFORMANT	Addre	SS				
	XX XX 2.	14-52-0191	Bessie Hud	son Willar	as Mā				
	18. CAUSE DF DEATH [Enter only one cause per li		. 01		I INTERVAL BETWEEN				
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Lingratiti	1 (thesmia		ONSET AND DEATH				
	The manufacture of the state of								
	Conditions if any which \								
	gave rise to immediate								
	cause (a), stating the DUE TO								
Z	underlying cause last. (c)	THE TARREST OF THE PARTY OF THE	TO THE TENNING D	TOTAL COMPLETION OF THE IN	I PART 1(a)   119. WAS AUTOPSY				
OT.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	JTING TO DEATH BUT NOT KELA	TED TO THE TERMINAL DI	Aling Constin					
CERTIFICATION	Had Ketatun enpri	- covery		/					
E	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE NOW INJURY OCCU	IRRED. (Enter nature of	Injury in Pert I or Part II o	of Item 18.)				
CE	(IF EITHER, NOTIFY MEDICAL EXAMINER)		Pittinanya						
AL	20c. TIME OF INJURY Month, Day, Year   20d. II	INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, far	rm, 20f. (City or town)	(County) (State)				
MEDICAL	Hour a.m. White	- Not while -	ry, street, office bldg., et	(c.)					
2			r / //	. 1.20-	20/ 02 11 -1 10 (11) 10-1				
	21. I certify that (I) (this hospital) attended				, 19 <u>6</u> Z, that (I) (we) last				
	saw the deceased alive on	1962, and that	t death occurred at	M, from the causes	and on the date stated above.				
	22a. SIGNATURE		ATTENDING N	MED. STAFF	220. DATE SIGNED				
	22c. PHYSICIAN'S Jewis	M.D	D. PHYS.	DIRECTOR PHYS.					
		A	22d. ADDRESS	11 GAIA.11	10.1				
	NAME (Type) FRAHALE	W/S	Mula	ias Mary	tana				
2	3a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (CIty, t	town or county) (State)				
	RENOVALI (Specify) 6/1/67	New Hope		=177 W/W	llords med.				
2	24. FUNERAL DIRECTOR	ADDRESS	25a. REQ	P BY REGISTRATE 356. PR	REALETRAR'S SIGNATURE				
-	til, Whalis Si	llemulle De	,0	W 2 1961 /	(citarles Judges				
=	men princing sur	cupier -	DATE	4	0 0				
		//							



### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

# FOR STATE HEALTH DEPT.

and 3 to

5 may be retained far yaur files.

the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm PM3 Page

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2,

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is

80 Health priar to burial, cremation, or remaval, and in any event within 72 haurs after death. ò 0

07417 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07393

OSXE			. 0.000
I. PLACE OF DEATH O. COUNTY		2. USUAL RESIDENCE (Where deceosed lived, if institution: R o. STATE b. COUNTY	/
Wicomico	MARYLAND		Delaware /
b. CITY OR TOWN (If outside corporate limits, write RUPAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL o	nd give neorest town)
			753
d. NAME OF HOSPITAL OR INSTITUTION (If not		d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Peninsula Gen. Ho	snital	812 Pleasant Ave.	YES NO 🗹
RAME OF DECEASED (Type or print)  Bright Street Tonn (Type or print)	Middle	ughes 4. DATE Month OF DEATH May	30 Year
S. SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED DIVORCED DIVORCED		UNDER 1 YEAR   IF UNDER 24 HRS   In this   Doys   Hours   Min.
Do. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Foreman	Oil Refinery	11. BIRTHPLACE (Stote or foreign country)  Maryland	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
John Hug	ghes	Margaret Buckmaste	r
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, 128 give wor or dotes of s	. ,	informant Address rs. Maude Hughes Same	as #2
18. CAUSE OF DEATH (Enter only one couse	per line for (o), (b), ond (c).)		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o	Coronar	y Occlusion	Sudden
4201 DUE TO		and the second second	
Conditions, if ony, which gove ) (b	)		
rise to immediate couse (a), Stating the underlying couse	D		
last.	:)		
PART II. OTHER SIGNIFICANT CONDITIONS CON	NTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING COUSE OF DEATH.	20b. DESCRIBE HOW INJURY OCCURRED	. (Enter noture of injury in Port I or Port II of item 18.)	
20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19		ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	(County) (Stote)
21. I certify that I took charge	of the remains described above, h	neld on Autopsy , Inspection , Inquiry	ond in my opinion
		icide . Homicide . Undetermined monn	er 5/31/67
1	7	CHIEF MEDICAL EXAMINER	- 5/31/0/
SIGNATURE EL	1 min	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
EXAMMER'S Earl L. Ro	yer, MD.	DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) Sali	isbury, Md.
230. BURIAL, CREMATION, 23b. DATE THER	EOF 23c. NAME OF CEMETERY OF	R CREMATORY 23d. LOCATION (City or Town)	(County) (Stote)
Burial (Specify) 6/3/3	L967 Edgewood M	emorial Park Concordy	ille, Penna.
24. FUNERAL DIFECTION	ADDRESS	2So. REGID BY REGISTRAR 2Sb. REGIST	RAR'S SIGNATURE
Thomas F. Walla	ce Salisbury M	Id. DATE JUN 2 1967 40	world Judge

VR A15ME (5) 6M 1/67

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VR A15 (4) 15M 4-64

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 07418 CERTIFICATE OF DEATH 07394

1.	PLACE DE DEATH				1	2. USUAL RESIDENCE	CE (Where	e deceased	lived, If Ins	titution: Re	esidence	before adm	Ission)
	a. CDUNTY	Wicomico		MARYLA	ND	a. STATE Man	rylan	nd	b. COUN		rch	ester	/
	b. CITY OR TOW	N (If outside corporation and give nearest tow	te limits,	c. LENGTH OF STAY II		c. CITY OR TOWN (If	outside	corporat	e limits, wr	Ite RURAL	and giv	e nearest	town)
			n)	21days		Hurlock 19.2							
_	Salisb		N (if not in h	ospital, give street add	rece)	d. STREET ADDRESS					1 6	. IS RESID	ENCE
		s Head Stat	_ `			RFD 1			- //-		Y	ON A FAI	-
3.	NAME OF DECEASED	Fi	rst	Middle		Last	4. DA		Month	1	Day	Year	
	(Type or print)	Essi	Le	М.		Hurst	DE	EATH	May		2	19 6	
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	1 8	. DATE DF BIRTH		9. AGI	E (In years t birthday)	IF UNDER		Hours	4 HRS.
	Female	Colored	WIDDWED			Sept. 18, 1	919	1 4	7 yrs.	Monuis	Days	Hours	IVIIII
11D	a. USUAL DCCUPAT	IDN (Give kind of work ing life, even if retire	done 1Db. K	IND OF BUSINESS OR		11. BIRTHPLACE (C	County & S	tate, or fo	reign country		TIZEN UNTRY	DF WHAT	
13	Housewor	k		Home		Chiefland 14. MOTHER'S MAII	FIC DEN NAM	orida E		I	ISA		_
	Goons	e Mitchem				Flo	rence	Dar	hv				
	. WAS DECEASED	EVER IN U.S. ARMED FO		SDCIAL SECURITY ND.	17.	INFORMANT	Office	Dai	Addre	SS			-
(Y		(If yes give war or dates o		7-40-3574	T	Transfer T	77	, ,					
=	No	DEATH FEster only on	1 100	ine for (a), (b), and (c).		es Hurst, E	urlo	ck, I	vid.		INTE	RVAL BETV	VEEN
		EATH WAS CAUSED BY		arcinoma of		and a					DNS	vear	EATH
		IMMEDIATE CAUSE	(a)	arcinoma of	Ce.	LATY			-			Acar	3
	17/X DUE TD												
1	Conditions, if any, which (b)						-						
	cause (a), stating the DUE TD							1					
z	underlying cause last. ) (c)						WAS AUT	DPSY					
CERTIFICATION	PARTII.DIHERS	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO X						IED?					
ERTIF	2Da. ACCIDENT DR CONTRIBUT	WAS UNDERLYING ING CAUSE DE DEA	TH NFR)	DESCRIBE HOW INJURY	OCCU	RRED. (Enter nature o	of Injury	in Part I	or Part II	of Item 18.	.)		
10		INJURY Month, Day,		NJURY OCCURRED   20	e PLA	CE DF INJURY (Home, f	arm.   20	of. (City	or town)	(Cou	inty)	(St	ate)
MEDICAL	Hour a.	m.	While at wor	Not While		ry, street, office bldg.,		(0.0)				61	
-			nîtal) attend	led the deceased fro	m	April 11	967	tp	May 2	19(	57, th	nat XX (we	e) last
		ceased alive on	May 2	19 67 an	d that	death occurred at	11A M	f, from t	he causes	and on t	he dat	e stated a	above.
	22a. SIGNATU			101.						22b. D	ATE SI	GNED	
	U.S. 7516	IV.	Ma	Celler,	M.D	ATTENDING PHYS.	MED. DIRECTO	OR 🔲 i	STAFF PHYS.	5,	12/6	7	
	22c. PHYSICIA	AN'S	- COCCO	1		22d. ADDRESS							
	NAME (T	ype) L. V.	Maldve	, M. D.		Deer's H	ead I	Hospi	tal;	Salis	bury	, Md.	
23	a. BURIAL, CREM	MATIDN, 23b. DATE	THEREDF	23c. NAME DE CEN	METERY	DR CREMATDRY	23d.	. LOCAT	ION (City, t	own or co	unty)	(Sta	te)
	REMOVAL (SP	ecify) May 8.	1967	Eederal	Hi:	1 Cemetery	110	Fe	derals	hure	Ma	rulan	4
2	4. FUNERAL DIR	test		ADDRESS		250 A	C'D BY		derals	Lance	s sign	ATURE	
1	France 7	paupeu p	Luma	Federalsbu	72 (2		1.9	1301	1	- ENCE	J.	0	
-	/ rram	Promy Luneus	r neme	_rederation	101	TICL TOWN			-				

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64644 Standard Control of the Control of t Depris Hostopense hospital La Carly, American Colored Street, St. 1981 . M. Janes and A. C. Complete Complete

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07395 07/19 CERTIFICATE OF DEATH

di VI		01310			
= 4 = 1	1. F	LACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, if institution: Resi	dence before admission)
o o	(	. COUNTY.	MANYIAM	o. STATE Maryland b. COUNTY Do	rchester
s ler		Wicomico	MARYLAND c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside carporate limits, write RURAL and	
the af		CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn)			give nearest tawn)
Po		Salisbury	2 days	Vienna	09 2
in by the funeral ers. Pages 1 ong 2 72 hours after death	(	. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give	e street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
90 John 190		Peninsula General H	ognital	Box 97	YES NO K
章 章		IAME OF First		Last 4. DATE Manth	Doy Year
signed by the attending physician and campletely filled in by the signal burial-transit permit. Then please remove carban papers. Pag burial, cremation, ar removal, and in any event, within 72 hours	1	TAME OF DECEASED GERTRUDE GETTUDE	E JACKS	Sckson DEATH MAY	3 1967
Ver Color	S. 5	EX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 1 8	DATE OF BIRTH 9. AGE (In years IF UNL	
moverny e	F	EMPLE Negro WIDOWED	DIVORCED M	larch 8, 1920 last birthday) Manth	
rer n a			OF BUSINESS OR	The Billion Breez (coom) a state, at the same	COUNTRY 2
an se nd i	duri	ng mast of working life, even if retired) INDU Housework Hor	ISTRY	Dorchester Co., Maryland	COUNTRY?
ar de d	13	FATHER'S NAME	lie	14. MOTHER'S MAIDEN NAME	
val	10.	Kirby Pinder		Viola Jackson	
The m	-	· · · · · · · · · · · · · · · · · · ·	ICIAL SECURITY NO. 17. II	NFORMANT Address	
t. a	IS.	no or unknown) (If was give war or dates of service)	-	III OMINAITI	
tter rmi	1	No 2.	19-03-0517 Le	onard O. Jackson, Vienna, Ma	
p e d		18. CAUSE OF DEATH (Enter only one cause per line for (c	o), (b), and (c).)		INTERVAL BETWEEN ONSET AND DEATH
# pu		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	Wa.		ONSER AND DEATH
tra cre		465 X DUE TO	. 0	A	0
signed by the burial-transit burial, cremati		Conditions, if any, which gave ) (b)	maury mo	arctur	5 days.
sign		rise to immediate cause (o), ( DUE TO	9.0		
		stating the underlying cause (c)			
has been se as the h priar ta		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT BELATED TO T	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) a	19. WAS AUTOPSY
has h p	NO.	Disection Come	DANII DOI NOI NEALED IO	e. aosta è rupture back.	PERFORMED?
	CERTIFICATION		()		100 100
far	RTIFI	20a. ACCIDENT WAS UNDERLYING ☐ 20b. DESC OR CONTRIBUTING ☐ CAUSE OF DEATH	RIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port I or Part II af item 18.)	
erti.		(IF EITHER, NOTIFY MEDICAL EXAMINER)			
is carried	MEDICAL	Zoc. time of mooner monny boy,		CE OF INJURY (Hame, farm, 20f. (City or town)	(County) (State)
de d	ME	Hour o.m. While of work		ory, street, office bldg., etc.)	No. of Participation
Starter		21 I certify that (I) (this hasnital) attende	ed the deceased from	5-1-67 19 10 5-3-67	19, that (I) (we) las
the		saw the deceased alive an 5-3-4	7 19, and that	t death occurred at 4 3 M, fram causes and a	n the date stated above
<b>2</b> 55 ±		22a. SIGNATURE		221	DATE SIGNED
d × 3		Joseph C. Vit gerall	1.M	PH73. PH73.	5-4-67
To FUNERAL DIRECTOR: After this certificate had director, page 3 shauld be detached for use shauld be filed with the State Dept. of Health	1	22. HYSICIAN'S NAME (Type)		Medical Center Da	lisbury Md.
P da A	00	BURIAL CREMATION. 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY 23d. LOCATION (City or Town)	(County) (Stote)
E Par	230	REMOVAL (Specify) 23b. DATE THEREOF May 7, 1967		177	, , , , , , , , , , , , , , , , , , , ,
2000	-		Vienna Cemet	2Sg. REC'D BY REGISTRAR 2Sb. REGISTRAI	
/ NI	24	FUNERAL DIRECTOR		LAND COM DELL	las Judge
VR A15 (4) 20 M 1/66	J	J. Framptom and Son, Fed	eralsburg, Mar	vland Me O OO!	In July 2

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

THE THE the condition on the province of the condition 

# MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07420	CERTIFICATI	E OF DEATH	08831
PLACE OF DEATH     O. COUNTY		2. USUAL RESIDENCE (Where deceosed lived, if institution: Resid	ence before odmission)
Wicomico	MARYLAND	Maryland	Dorchester
b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and g	rive neorest town)
write RURAL and give nearest town) Salisbury	8 days	Cambridge	09.2
d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp		d. STREET ADDRESS	J e. IS RESIDENCE
			ON A FARM?
Deer's Head Stat		408 Pine Street	YES NO
NAME OF First DECEASED	Middle	Lost 4. DATE Month	Doy Year
(Type or print) MABEL	,J	ACKSON DEATH 5	23 1967
. SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDI	Doys Hours Min.
F C WIDO	WED DIVORCED	2/1/02 65 yrs.	10013
0o. USUAL OCCUPATION (Give kind of work done	Ob. KIND OF BUSINESS OR		CITIZEN OF WHAT
uring most of working life, even if retired)	INDUSTRY	DORCHESTER, MD	COUNTRYUSA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	,
Bead. Camper		18112 de de 18A11	15
	16. SOCIAL SECURITY NO. 17.	INFORMANT Address	10
S. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give wor or dotes of service)	To social second the		
			T WYSDUM DEPAREM
18. CAUSE OF DEATH (Enter only one couse per lin PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (o) Par	ilmonary congesti	on with edema	hours
	arcinoma of the l	eft breast with wide-spread	2 years
Conditions, if ony, which gove ) (b)		metastases	
rise to immediate couse (a), stating the underlying couse DUE TO			
lost. (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	TING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)	19. WAS AUTOPSY
200. ACCIDENT WAS UNDERLYING  200. A			PERFORMED? YES NO
20o. ACCIDENT WAS UNDERLYING 2	OF DESCRIBE HOW INTURY OCCURRED	(Enter noture of injury in Port I or Port II of item 18.)	120 [8] 110 [
OR CONTRIBUTING CAUSE OF DEATH	VO. DESCRIBE HOTE HOOK! OCCORRED.	Table 10.50 S. Injury in 1911 to 11911 it of field 10.7	
	20d. INJURY OCCURRED 20e. PL/	ACE OF INITIDY (Home form 1901 (Fib. or town)	County) (Sector
Hour o.m.		ACE OF INJURY (Home, form, tory, street, office bldg., etc.)	County) (Stote)
p.m. 17 0	ot work ot work		
21. I certify that (I) (this hospital) o	ottended the deceased from_	May 15 , 19 67 , to May 23 , 19	67, that (I) (we) l
30 W THE decedated diffe on	23 19 <u>67</u> , and the	at death occurred of 735P.M, fram causes and on	
220. SIGNATURE	1/1		DATE SIGNED
andrew Mute	They M	.D. PHYS.	5/24/67
22c. PHYSICIAN'S		22d. ADDRESS	Md.
NAME (Type) Dr. A. C. Mit	chell	Deer's Head State Hospital	, Salisbury,
30. BURIAL, CREMATION, 23b. DATE THEREOF	236 NAMA OF CEMETERY OR		(County) (Stote)
REMOVAL (Specify) 5/00/01	4. hall Chin	( ( ( ) ( ) ( ) ( ) ( ) ( ) ( )	(
24. UNERALIDIRECTOR	ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
I last lines () Har	nel ( Willes In		
Yoland Slimbball Har	VII (UMULILAT)	DATE JUN 8: 1007 WILLIAM	

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval gad in any event, within 72 hours at

VR A15 (4) 20 M 1/66 Entre of the second second Life of Contract of the second of the second

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07421

### CERTIFICATE OF DEATH

07396

1.	PLACE OF DEATH O. COUNTY		2. USUAL RESIDENCE (Where o. STATE	deceosed lived, if institution b. COUNT	n: Residence before admission) Y
	Wicomico	MARYLAND	Mary	land	Wicomico
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside		AL and give nearest town)
	Salisbury	4 days	Sal	isbury	221/
	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital,	give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	Peninsula General	Hospital	312 ne	wton &St.	YES NO
3.	NAME OF First DECEASED (Type or print)  MABEL	EMMA JAC	1,	DATE Month OF DEATH MAG	Day Year 1967
S.	SEX 6. COLOR OR RACE 7. MARRIED		B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR   IF UNDER 24 HRS.
1	FEMALE WIDOWED WIDOWED	DIVORCED	July 8, 1878	last birthday) 88 yrs.	Manths Days Hours Min.
10	o, USUAL OCCUPATION (Give kind of work done 10b. K	IND OF BUSINESS OR	11. BIRTHPLACE (County & Sta	te, or fareign country)	12. CITIZEN OF WHAT
di	ring most of warking like, even if retired)	own Home	Maryland		COUNTRY?
-	B. FATHER'S NAME	OWII HOME	14. MOTHER'S MAIDEN NAME		U.D.R.
	Phillip C. Squire	2 9		y Tucker	
-	WAS DECEASED EVED IN HIS ADMED CODCESS 14		INFORMANT	Addres	\$
(	(les, na, ar unknawn) (If yes give war ar dates af service)				
	v		Irs. Emily Mid	gette	See #2
1	1B. CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY:	(a), (b) and (c).)	unhors		INTERVAL DETWEEN ONSET AND DEATH
	332X IMMEDIATE CAUSE (o) DUE TO	700	70700-0		
1.	Canditions, if ony, which gove ) (b)				
	rise to immediate couse (a), ( DUE TO				
	stating the underlying cause				
		TO A FATHE BUT MOT BELLTER TO	THE TERMINAL PROPERTY COUNTY	NI OUTU III AART 1/ 1	19. WAS AUTOPSY
12	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION	N GIVEN IN PART I(0)	PERFORMED?
TE S	al generale offer	des, Gra	estile Haile	all	YES NO
MEDICAL CERTIFICATION	20g. ACG/DENT WAS UNDERLYING ☐ 20b. D OR CON RIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port I	or Part II of item 18.)	
N S	20c. TIME OF INJURY Month, Day, Yeor 20d.		CE OF INJURY (Home, farm,	20f. (City or town)	(County) (Stote)
MED	Hour a.m. While		tary, street, affice bldg., etc.)		
	p.m. 19 at war 21 certify that (1) (this haspital) atter		Tel 6	5 10 3/4	10/ Zthat (I) (wa) last
	saw the deceased alive on 2 5 /4		it death accurred at 5%	50/M, fram causes o	, 1% , that (I) (we) last and an the date stated abave.
	230. SIGNATURE	1/	47771101110	CTATE	22b. DATE SIGNED
	THUIS XOUR	AS M.	D. PHYS. MED.		61167
	28 PHYSICIAN'S		22d. ADDRESS		
1	NAME (Type) Earl M. Beards	sley M.I	Maryland	Ave. Salisbu	ry, Maryland
2	BO. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR		23d. LOCATION (City or Tow	rn) (County) (State)
	REMOYATION 5/7/1967	Parsons (	Cemetery	Salisbury	, Maryland
	24. FUNERAL DIRECTOR	ADDRESS	MAY DATE MAY	REGISTRAR 2Sb. REG	HISTRAR'S SIGNATURE
		// . // . //	Con A MINV	3 1967 /	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbonypapers. Pages 1 and shauld be filed with the State Dept. of Health priar to burial, crematian, ar removal, and in any event, within 72 hours after death Page 4 may be retained by the hospital or attending physician. VR A15 (4) 20 M 1/66

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		1			
F( HE/	OR	SI AM	ATI	T.	
d within 24 hours after death. If any deloy is	in pencil in Item 18. Give Pages 1, 2, and 3 ta	Exominer's Uffice along with form PM3. Page	File pages 1 and 2 with the State pagert ment of	and in any event within 72 hours after death.	81

This certificate should be executed within 24

the word

0

forwarded 1

the certificate,

pleose execute

EXAMINER:

DEPUTY

should be

Poge

the funeral director.

d 'pending' in pencil in Chief Medical Exominer's

07422

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY Wicomico Wicomico Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Salisbury d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS R.D.#4. Johnson Rd. Peninsula General Hospital 3. NAME OF First Middle Lost 4. DATE Month DECEASED FRANCIS JONES GRANT May (Type or print) DEATH S SEX AGE (In years 8. DATE OF BIRTH IF LINDER 1 YEAR 6. COLOR OR RACE NEVER MARRIED K 7 MARRIED last birthdoy) WIDOWED DIVORCED July 5, 1933 Male White 10o. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT lan 9 during most of working life, even if retired) INDUSTRY Dover, Delaware Taxi any poges in any Cab Driver 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME (Unk.) Mary Emily Lee Jones File puo IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Mrs. Elsie Mae Steele (Aunt) Schumaker Rd., Salisbury, Maryland (Yes, no. or unknown) (If yes give war or dates of service) removal Yes 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-tronsit PART I. DEATH WAS CAUSED BY: Bullet wound of brain 0 IMMEDIATE CAUSE (a) burial, cremotion, DIJE TO Conditions, if ony, which gave (b) rise to immediate couse (a), DUE TO stating the underlying couse 0 SD lost. nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION 9 pe 20o. EXTERNAL CAUSE WAS PRIMARY CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) prior 3 should Shot by unknown assailant. CAUSE OF DEATH. MEDICAL ogent, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month. Dov. Year 20f. (City or town) while of work Not While of work Hour XXX foctory, street, office bldg., etc.) FUNERAL DIRECTOR: Page 5-1-679 Salisbury, Wicomico, Md. 5 may be retained for you TO FUNERAL DIRECTOR: Page Health or its designated a 21. I certify that Ltaak charge of the remains described above, held an Autapsy Inspection X Inquiry X death resulted from: Natural causes Accident | Suicide ( Hamicide X Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE L. Rover. Earl DEPUTY MEDICAL EXAMINER EXAMINER'S 409 NAME (Type) Camden Ave., Salisbury, Ma. Address (Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION 23b. DATE THEREOF 23d. LOCATION (City or Town) REMOVAL (Specify) Burial 1967 May 5. Wicomico Memorial Park 250. REC'D BY REGISTRAR MAY 5 196 24. FUNERAL DIRECTOR

VR A15ME (5) 6M 1/66

Salisbury, Maryland

Holloway & Company, Salisbury, Maryland

1967

25b REGISTRAR'S SIGNATURE

(County)

(County)

22

Doy

COUNTRY?

e. IS RESIDENCE ON A FARM?

NO [

Year

19 67

IF LINDER 24 HRS

Hours

INTERVAL BETWEEN

ONSET AND DEATH

19. WAS AUTOPSY

YES X

PERFORMED?

and in my apinian

22. DATE SIGNED

1967

(State)

NO

(Stote)



and the second s

1 60 1 , 104

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and n any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
07423 CERTIFICATE OF DEATH
07398

H	1.	PLACE OF DEATH e. COUNTY	a. STATE b. COUNTY
1		Wicomico MARYLAND	V. V
		b. CITY OR TOWN (If outside corporate limits,   c. LENGTH OF STAY IN, )	c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town)
		write RURAL and give nearest town)  Salisbury  Adm. in 1  5/3/67	Salisbury 22 /
ŀ	-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address	
		Peninsula General Hospita	
	3.	NAME OF First Middle	Lest   4. DATE   Month   Day Year
1	٥.	DECEASED	KELLY DEATH May 24 1967
	5.	(Type or print) BEATRICE MARIAN  SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	19 DATE OF RIPTH 19 AGE (In years   IFIINDER 1 YEAR   IFIINDER 24 HRS.
		***	last birthday) Months Days Hours Min.
4		Female   White   WIDOWED   DIVORCED    B. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR	Sept. 25, 1896 70 yrs. 7 20
1	dur	ing most of working life, even if retired) INDUSTRY	COUNTRY?
	13.	Retired -Operator   Shirt Factory	Worcester Co., Md. USA
		Marion Dykes	Lula Davis
1		i. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   1	
	(Ye	es, no, or unkown) (If yes give war or dates of service)	Mr. D. Wayne Scott (Grandson)
	I		1114 Brittingham St., Salisbury, Md.
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
		IMMEDIATE CAUSE (a)	, 1 /2 water
		433/ DUE TO \	I Dadenestin year
		Conditions, if any, which gave rise to immediate (b)	1
		cause (a), stating the DUE TO	D. Tem
	Z	underlying cause last. (c)	ELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY
	VT10	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R	O O I
7	FIC/	Comment 4 days	YES NO P
	CERTIFICATION	OR CONTRIBUTING CO CAUSE OF DEATH	CCURRED, (Enter neture of Injury In Part I or Part II of Item 18.)
			PLACE OF INTURY (Home, farm, 1, 20f., (City or town) (County) (State)
	MEDICAL	fi de la constant de	PLACE OF INJURY (Home, farm, lectory, street, office bldg., etc.) (City or town) (County) (State)
	MEC	p.m. 19 While Not While at work	
f		21. I certify that (I) (this hospital) attended the deceased from	7-27, 1967, to 5-27, 1967, that (1) (we) last
			that death occurred at 5:201, from the causes and on the date stated above.
		22a. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
		/ mc kne	M.D. PHYS. DIRECTOR PHYS. May 1 /1967
,		22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
		Dr. Earl L. Royer	409 Camden Ave., Salisbury, Md.
	23a	PEMOVAL (Specify)	1000 9 C 14 July 1 - C 14 1 15 1 15 1 15 1 15 1 15 1 15 1 15
		Burial May 27,1967 Wicomico	Memorial Park, Salisbury, Maryland   25a. REG'P BY REGISTRAR   25b. REGISTRAR'S SIGNATURE
1	24		MAY 2 0 1967 201 0
		HOLLOWAY & COMPANY, SALISBURY,	MD. DATE DISON CONTRACT SINGLE

VR A15 (4) 15M 4-64

A v Mar Land Community of the Community makelish to - interespect filmount The carried Law Company of the carried water TOTAL CONTRACTOR OF THE PROPERTY OF THE PROPER 

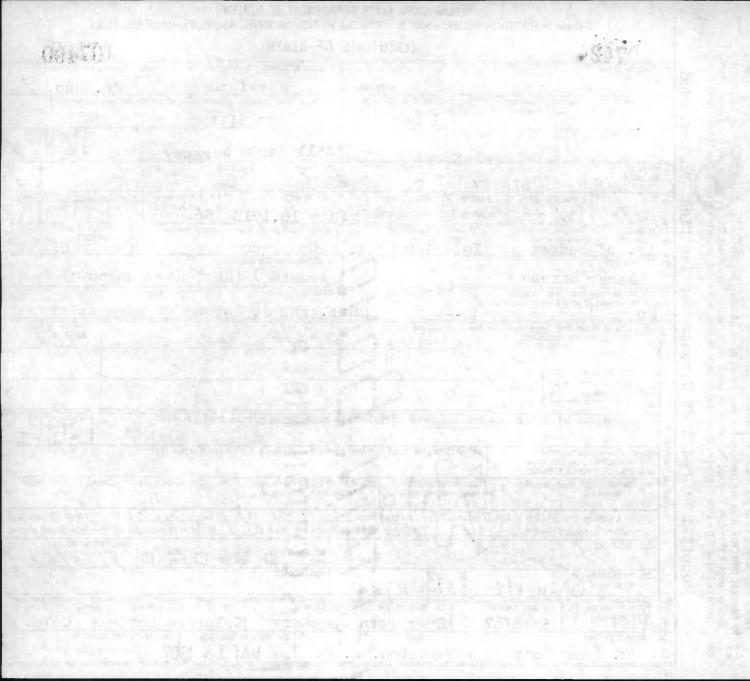
## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		07424		CERTIFIC	CATE	OF DEATH		07399
. 1	. 1	PLACE OF DEATH				2. USUAL RESIDENCE (V	Vhere deceosed lived, if institution	n: Residence before admission)
2	(	o. COUNTY				o STATE	b COUNT	Υ _
5 L		Wicomico		MARYLA			vland	Pr. Geo.
O TOO	t	<ul> <li>CITY OR TOWN (If outsid write RURAL and give n</li> </ul>	e corporote limits, egrest town)	c. LENGTH OF STAY IN	lb		tside corporote limits, write RURA	L ond give nearest tawn)
31		Salishur		1 Day	- 1	0xon	Hill	16 2 .
2	(			aspital, give street address)		d. STREET ADDRESS		e. IS RESIDENCE
4						4511 Kerl	ov Parkway	ON A FARM? YES NO TA
3 =			a Genera	l Hospital Middle				
3		NAME OF DECEASED	First		- /	Lost	4. DATE Month	Day Year
4	(	(Type or print)	SIDNE	D.	7	arson	DEATH / /a4	13 1967
3 3	5. 5	SEX 6. COL	OR OR RACE 7. M.	ARRIED X NEVER MARRIED	☐ B.	DATE OF BIRTH	9. AGE (In years	Months Days Haurs Min.
Ď L	1	nale W	h.te   WII	DOWED DIVORCED	O J	ulv 10.19	lost birthdoy)  7. AGE (In yegrs  10   56   yrs.	Months Days Haurs Min.
	0a.	USUAL OCCUPATION (Give king most of warking life, ever	ind of wark done	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (County	& State, ar foreign country)	12. CITIZEN OF WHAT COUNTRY?
319	D	ir. of Bu	apet.	Interior Der	+	Colorad	lo	USA
5		FATHER'S NAME	1800	THOCH TOT DOL		14. MOTHER'S MAIDEN !		
4		Oscar La	erson			Agusta	(Last Name	unknown)
2	15			16. SOCIAL SECURITY NO.	17 IN	FORMANT	Address	
g	(Ye	WAS DECEASED EVER IN U.S. s, na, ar unknawn) (If yes g	ive war ar dotes of servi	(e)				
<b>^</b> _		No			Mr	s. Ann J.	Larson S	Same as #2
4		18. CAUSE OF DEATH (E	nter anly one cause per	line for (a) (b), and (c).)		1011-		INTERVAL BETWEEN
2		PART I. DEATH WAS	CAUSED BY: MMEDIATE CAUSE (o)	mu arack	-200	no Hen	wrigh	Joseph Marin
5		320K	DUE TO			-		//
1		Conditions, if ony, which	mayo \					
31		rise to immediate cause	(0)					
		stating the underlying c	ause DUE TO					
2		last.	) (c)					
i .	_	PART II. OTHER SIGNIFICA	NT CONDITIONS CONTRIB	BUTING TO DEATH BUT NOT RELAT	ED TO TH	IE TERMINAL DISEASE COM	NDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
2 3	2							YES NO
4	CEKITFICATION	20a. ACCIDENT WAS UNDER	IYING 🗆 I	205. DESCRIBE HOW INJURY OCC	JRRED. (F	nter noture of injury in	Part I or Part II of item 18.1	
5	X	OR CONTRIBUTING CAUS	SE OF DEATH	ESS. DESCRIBE HOW INSORT OVER	J	and notice of inject in		
		(IF EITHER, NOTIFY MEDICA		Table with the company			1 001 (63	(5)
3	MEDICAL	20c. TIME OF INJURY Mo Haur o.m.	nth, Day, Year	20d. INJURY OCCURRED 2 While Not While		OF INJURY (Hame, farm ry, street, affice bldg., etc.)		(Caunty) (State)
2	E	p.m.	19	at work at work	100101	-1,2	11 /12	11-1
	H	21. I certify tho	t (1) (this hospital)	attended the deceased fr	om	2/13/1	196/, to 3/1>	/, 19 /that (1) (we) lost
3		sow the deceose		1/3/ 196 /, or	d that	death occurred of	9:46 M, from Louses o	nd on the dote stoted obove.
		22o. SIGNATURE	////	# 1	L Page			22b. DATE SIGNED /
1			- All I	21/	M.D.	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	5/13/67
2		22c. PHYSICIAN'S	0 1	T Q .		22d. ADDRESS		
1		NAME (Type)	SWALD	J. NURTO	N			
-	230	. BURIAL, CREMATION,	23b. DATE THEREOF	23c. NAME OF CEMETE	RY OR C	REMATORY	23d. LOCATION (City or Town	n) (County) (State)
	R	REMOVAL (Specify)	5/18/67	Evergree	n C	emeterv	Colorado Sp	
-		FUNERAL DIRECTOR	7,10,01	ADDRESS				ISTRAR'S SIGNATURE
	-	. Wm. Lees	Sons	Washington.	D.			Milwelles Junge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remare earbon papers. Pages I and shauld be filed with the State Dept. at Health prior to burial, crematian, or remaval, and in any went, within 72 haurs after deat VR A15 (4) 20 M 1/66

e garbon papers. Pages I and 2 year, within 72 haurs after death.



**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital or attending physician. director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban shauld be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, we TO FUNERAL DIRECTOR: After this certificate has been

VR A15 (4) 20 M 1/66

	0742	5			CERTII	FICATE	OF DEATH			07	400	1
	PLACE OF DEATH						2. USUAL RESIDENCE (	Where deceased			ore admission)	7
P	a. COUNTY	Wicomico			MAR	YLAND	a. STATE Mary.	land	b. COUNTY	Worces	ter	
	b. CITY OR TOWN	(If autside carparate limit	s,	(.	LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If au		limits, write RURAL	ond give near	est tawn)	20
	write KURAL an	d give nearest town) Salisbury			12 day	73	Pocor	noke C:	ity	2.	2.2	
	d. NAME OF HOSPI	TAL OR INSTITUTION (If n	ot in haspit	tal, give s			d. STREET ADDRESS			Ī	e. IS RESIDEN	CE
		Deer's Head	Stat	e Ho	spital		Brid	ge Stre	et		ON A FARM	
	NAME OF		rst		Middle	MAI	RINER	4. DATE	Month	Do	y Year	
	DECEASED (Type ar print)	IUL	1		E.	GHA	RHHR-	OF DEATH	5	2]	L 1967	
S.	SEX	6. COLOR OR RACE	7. MARR	IED 🔲	NEVER MARRIE	D   8	B. DATE OF BIRTH	9		F UNDER 1 YEAR		
	F	W	WIDOW	VED 🔼	DIVORCE	D D	Aug. 1, 18	80 8	last birthdoy) M B yrs.	Nonths Days	Hours	Min.
duc	. USUAL OCCUPATIO ing mast af warking HOUSEWI	N (Give kind of work done plite, even if retired) I C	101	b. KIND C INDUST	OF BUSINESS OR RY		ACCOMACK Virginia	& State or forei	en country)	12. CITIZEN COUNTRY		
13.	FATHER'S NAME			77			14. MOTHER'S MAIDEN					
- 1	Thomas	Thornton				-65	Alice	Ewel:	1			
15.	WAS DECEASED EV	ER IN U.S. ARMED FORCES?		16. SOCIA	AL SECURITY NO.	17. 1	NFORMANT		Address			10
(76	NO	(If yes give war or dates	of Service)		none	M	rs Alice M	lassey	, Assawo	oman,	Virgi	nie
		PEATH (Enter only one country was CAUSED BY: IMMEDIATE CAUSE		for (a)	(b), and (c).)	opi	ieummi.	nì.			NTERVAL BETWEE	
	Conditions, if ony		(b)(	Car	olev (	Jone	ular de	sconf	ensati-	on 6	day	~
	stating the under		(c)		Son	. 4	r.s	/			3	
ATION	PART II. OTHER S	IGNIFICANT CONDITIONS (	ONTRIBUTI	NG TO DE	EATH BUT NOT RE	LATED TO T	HE TERMINAL DISEASE COL	NDITION GIVEN	IN PART 1(o)	10	9. WAS AUTOPS PERFORMED? YES NO	?
MEDICAL CERTIFICATION	OR CONTRIBUTING	AS UNDERLYING  GCAUSE OF DEATH MEDICAL EXAMINER)	205	o. DESCRIE	BE HOW INJURY C	OCCURRED. (	Enter nature of injury in	Port 1 or Part I	l af item 18.)			
MEDICA	Hour a. p.	m. 19	W at	Vhile wark		facto	E OF INJURY (Hame, farm ary, street, affice bldg., etc.)		City or tawn)	(County)	(Stat	
	21. 1 cert saw the d	21. I certify that (I) (this haspital) attended the deceased from May 9, 1967, to May 21, 1967, that (I) (we) last saw the deceased alive on May 21, 1967, and that death occurred of 330 A, M, from causes and on the date stoted obove.										
	22o. SIGNATURE	W ll	al	cle	4)	М.С	111101	MED. DIRECTOR	STAFF PHYS.	22b. DATE SIG	ONED /23/67	
	22c. PHYSICIAN': NAME (Type	.1		10			22d. ADDRESS	-1 01-1	to Homest	07 60	lichus	r
		L. V. Mal	dve,		).		Deer's He				risoury	,
230	. 8URIAL, CREMATI REMOVAL (Specif	w) .	EREOF		NAME OF CEM				TION (City or Town)	,	ty) (State	

**ADDRESS** 

Pocomoke City, Md.

250. REC'D BY REGISTRAR DATE MAY 26

2Sb.

interest sense assets TWINGSOLD , I STREET OF STREET STREET MARCHAN DEL STATE OF THE STATE

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

OR 5	TATE			07426	MEDICAL EXAMINER'S	CERTIFICATE C	F DEATH	07401
AW	DEPT.			LACE OF DEATH			Where deceased lived, if institution: Resid	dence befare admission)
0 0	争气		(	. COUNTY Wicomico	MARYLAND	o. STATE Mary	land b. COUNTY W:	icomico
P 3	ent of death.		-	. CITY OR TOWN (If autside carparate limits,	c. LENGTH OF STAY IN 1b	A	utside carparate limits, write RURAL and	man
and PM3.	F	- 1		write RURAL and give nearest town) Salisbury		Soli	sburv	25.1
200	offe after	-	(	NAME OF HOSPITAL OR INSTITUTION (If not i	in hospital, give street address)	d. STREET ADDRESS	Soury	e. IS RESIDENCE
- E				Kaywood Drive	,	Rt.	4, Hancock Traile	ON A FARM?
8. Give Poges 1, along with form	to de	) UL	3 1	IAME OF First	Middle	Last	4. DATE Month	Doy Year
Wit Wit	ne Str	1	1	ECEASED			OF	
Giv	with the within	ŀ	5. 5			MESSICK  B. DATE OF BIRTH	9. AGE (In years   IF UND	1 19 67 ER I YEAR   IF UNDER 24 HRS.
9				emale White		farch 2, 195	last birthday) Manth:	
in Item Tr's Office	ond 2 event		10a.	USUAL OCCUPATION (Give kind of work dane	10b, KIND OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country) 12.	CITIZEN OF WHAT
			duri	g most of working life, even if retired) school Student	· INDUSTRY	Salighum	Maryland	COUNTRY?
ii ii	pages in any	ŀ		FATHER'S NAME		14. MOTHER'S MAIDEN		ULAR
n pencil in Exominer's	e po d in			saac James Messick		Marguerit	e Cordon	
E X	File		15.	WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. II	NFORMANT	Address	
6.6	permit. moval,			, no, or unknawn) (If yes give war ar dates of s		rs. Marguer	rite G. Messick (Me ler Park. Salisbu	other)
ward "pending" i		F	Ť	1B. CAUSE OF DEATH (Enter only one cause		BUCOCK IFSI	Ter Park, Salasbu	INTERVAL BETWEEN
bel	burial-transit mation, ar re			PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)	Bullet wound of h	rain		ONSET AND DEATH
55	-tra n, o			DUE TO	)			
w w	le id			Conditions, if any, which gove ) (b)				
the	o burial-tı cremation,			rise to immediate couse (a), Stating the underlying couse DUE TO				
ng	0S 0			last. (c)				1 2
icote, writing the	used os burial,		_	PART II. OTHER SIGNIFICANT CONDITIONS CON	ITRIBUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
e, v		1	CERTIFICATION	_				YES NO
certificate, ould be fo	ld be or to	1	E	20a. EXTERNAL CAUSE WAS PRIMARY ₩ ar CONTRIBUTING □	20b. DESCRIBE HOW INJURY OCCURRED. (	Enter nature of injury in	Part 1 or Part II of item 1B.)	
certifi	lles. should t, prior			PRIMARY A or CONTRIBUTING  CAUSE OF DEATH.	Shot by unkno	wn assailar	rt.	
e ce	ash 3 sh int,		MEDICAL	20c. TIME OF INJURY Manth, Day, Year	20d. INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, farm	n, 20f. (City or town)	Caunty) (State)
the 4 sh	your file Poge 3 sh id agent,		WE	8 Hour JON 5-1-67 19	While at wark I factor	ary, street, affice bldg., etc. street	Salisbury Wicon	mico Md.
	~ ~ ~			P.11.1	of the remains described above, hel		Inspection X, Inquiry X	
	oined for y IRECTOR: Po designated			death resulted from Natura				
ecto.	REC.				cosos [], Actaon [], Sold	CHIEF MEDICAL	• —	
please	L DIII			ACTUAL SIGNATURE	1		DICAL EXAMINER	22. DATE SIGNED
, La	RAL or it	0		EXAMINER'S Earl L. Royer	M D		AL EXAMINER X	May 4 /1967
necessory, please ex the funeral director.	moy be retained for FUNERAL DIRECTOR: solth or its designate	XI.		NAME (Type) 109 Damden A	ve. Salisbury, Ma.	Address (Stree	t, city, town, ar county)	
		1	230	BURIAL, CREMATION, 23b. DATE THERE	OF 23c. NAME OF CEMETERY OR (	CREMATORY	23d. LOCATION (City or Town)	(County) (State)
	^ P = (			REMOVAL (Specify) Burial May 5.19	967 Parsons Cemet	erv	Salisbury, M	arvland
	0	1	24.	FUNERAL DIRECTOR	ADDRESS	2Sa. REC'I	D BY REGISTRAR 2Sb, REGISTRAR	SIGNATURE
VR .	A15ME (5) SM 1/66	0		HOLLOWAY & COMPANY	, SALISBURY, MARYLAN	ID MAY	5 1967 Jane	and and



hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

07427

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tineral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and to and event, within 72 hours after death.

VR A15 (4) 15M 4-64

#### MARYLAND STATE DEPARTMENT OF HEALTH RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE DIVISION OF STATISTICAL RESEARCH CERTIFICATE OF DEATH

	PLACE OF DEATH					a. STATE	CE (Where decease	b. COUNTY		delice pelore at	JIII (221011)
415		comico		MARYLA	ND I	Mar	yland		Wico	omico	17.12
1	o. CITY OR TOW Write RURAL	N (If outside corpora and give nearest tow	te limits,	c. LENGTH OF STAY II	N 1b	c. CITY OR TOWN (If		ite ilmits, write	RURAL en	d give neares	st town)
		lisbury				Salisbury 4.4.					IDENCE
17.	d. NAME OF HOS	SPITAL OR INSTITUTIO	M (If not in	hospital, give street add	ress)	d. STREET ADDRESS				ON A	FARM?
	Rot	ute #3				Rou	- 11			1	NO 🗌
3.	NAME OF DECEASED		rst	Middle		Last	4. DATE	Month		Day Yes	
	(Type or print)		ARA	EMMA		MOORE	DEATH	May		13 196	
5.	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED		. DATE OF BIRTH	la	SE (In years IF st birthday) M	onths   Da	Ays Hours	
	Temale	White	MIDOWE	D IVORCED	F	ebruary 13,	1882	02 yrs.	3 0		
10a. durli	USUAL OCCUPAT ng most of work	ION (Give kind of work ing life, even if retire	done 10b.	KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (C			12. CITI	ZEN OF WHAT NTRY? A.	
I	Housewif	9				Sussex Co		laware	US	A	
13.	FATHER'S NAM	E				14. MOTHER'S MAII	DEN NAME	11111			
J	ohna thar	C. Timmon	8		47.7	Sarah Sho	rt				
15.	WAS DECEASED	EVER IN U.S. ARMED FO	PRCES?   16	6. SOCIAL SECURITY NO.	17.	INFORMANT	- 111	Address	leucht	en)	
	, no, or unkown)	(If yes give war or dates o	T service)			INFORMANT Mrs. Maude Route#3. Sa	H. Warri	Mary la	nd	,617	
		DEATH [Enter only or	e cause per	r line for (a), (b), and (c).	1				1	INTERVAL BE	
		EATH WAS CAUSED BY	: 1	skritsag	100	ofic -	Roart	dis	000	ONSET AND	DEATH
	4200	IMMEDIATE CAUSE					11/3 22 -			77	4.
	Conditions, If	DUE									
	gave rise to	Immediate	(b)								
	cause (a), s										
Z	underlying caus		(C)	BUTING TO DEATH BUT NO	TRELA	TED TO THE TERMINAL	DISFASE CONDIT	ION GIVEN IN PA	RT 1(a)	19. WAS AL	JTOPSY
CERTIFICATION		woudry.				esates	→	TOTAL GIVE		PERFOR	NO P
5		WAS UNDERLYING	20b.			1	f Inlury In Dart	I or Part II of	Itam 18 )	1152	NO
E	OR CONTRIBUT	ING CAUSE OF DEATIFY MEDICAL EXAMI	TH 200.		UUUU	KKED. (Enter nature o	injury in Part	I OI POLL II OI	10.7		
				N/A			1 554 (61)	to Court	(0		Dieta\
MEDICAL	20c. TIME OF Hour a.i	INJURY Month, Day,			e. PLAC	E OF INJURY (Home, f y, street, office bldg.,		y or town)	(Count	(y) (	State)
ME	p.		Whill at wo								
	21. I certif	fy that (I) (this hos	nital) atter	nded the deceased fro	m	, 1	965 to 4	ley 13	, 196	Z, that (1) (1	we) last
		ceased alive on_2	yloy,	19 7 and	d that	death occurred at	M, from	the causes at	nd on the	date state	d above.
	22a. SIGNATU	RE/1/1/K	-	0000					22b. DA1	E SIGNED	
	6	NI	5 0	lee	M.D	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	May.	15/19	67
	22c. PHYSICI					22d. ADDRESS					
	NAME (T	Dr. L.	V. Soh	ler		303 East	Street.	Delmar,	Mary	land	
23a.			THEREOF	23c. NAME OF CEM	TETERY	OR CREMATORY	23d. LOCA	TION (City, tow	n or coun	ty) (S	tate)
	REMOVAL (Sp Burial	May 17	. 1967	Parsonsbur	o C	hurch Comet	Pa Pa	rsonsbu	ro. M	armul and	
24.				ADDRESS	-	25a. RI	C'D'BY REGISTR	AR 25b. REG	ISTRAR'S	SIGNATURE	
1	HOLLOW	AY & COMPAN	Y, SAI	ISBURY, MARY	TANT	D DATE M	AY 1 7 40	367 KC	Lemas 8.	. ()	
_			,	THE PARTY	1,617	I PAILE !		701	- Control	y June	

Constant and the second of the - Guine county \$100000 ML起前进540 MEHRON WA HOWEVER, WILLIAM , SHEWARD The species that I was to be a species to be a HARLE STATE OF THE STATE OF THE PARTY OF THE mention . Manufacture great considerations and the constant of ALLEY OF THE PARTY OF THE PARTY

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07428

#### CERTIFICATE OF DEATH

07403

PLACE OF DEATS     O. COUNTY	Wicomico		MARYLAND	2. USUAL RESIDENCE (W	and	b. COUN	Tall	bot
b. CITY OR TOWN write RURAL Sali	(If outside corporate limit and give nearest town) Sbury	c. LENGTH OF		c. CITY OR TOWN (If our Bellevue		mits, write RUR	Al ond give ne	eorest town)
d. NAME OF HOS		t in hospitol, give street oddr		d. STREET ADDRESS  Box 51				e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Fi Mar <b>y</b>		idle E.	lost Moore	4. DATE OF DEATH	Month		Doy Year 6 19 67
5. SEX Female	6. COLOR OR RACE Colored			DATE OF BIRTH 2-7- 1889	9. AC	E (In years wirthdoy) yrs.	Months Do	
during most of work	ON (Give kind of wark done ng life, even if retired)  SE WIFE	1Db. KIND OF BUSINES INDUSTRY	SS OR	11. BIRTHPLACE (County 8		.,	COUNT	N OF WHAT TRY?
15. WAS DECEASED (Yes, no, or unknown	VER IN U.S. ARMED FORCES? (If yes give wor or dates of			Annie NFORMANT Charles		Addres	sston.	. Md .
18. CAUSE OF	EATH WAS CAUSED BY:	se per line for (o), (b), ond (c	c).)					INTERVAL BETWEEN ONSET AND DEATH
18. CAUSE OF PART I. D  3 3 / Conditions, if onise to immed	EATH WAS CAUSED BY: IMMEDIATE CAUSE	se per line for (o), (b), ond (o (o) Cerebral TO Arterioso	vascular	r accident				INTERVAL BETWEEN
18. CAUSE OF PART I. D  3 3 / Conditions, if o rise to immed storing the un last.  PART II. OTHER	EATH WAS CAUSED BY:  IMMEDIATE CAUSE  DUE  ny, which gove iote couse (o), derlying couse	se per line for (o), (b), ond (c (o) Cerebral  10 (b) Arterios (c) (c) ONTRIBUTING TO DEATH BUT I	vascular	r accident				ONSET AND DEATH  3 NOURS
18. CAUSE OF PART I. D  3 3 / Conditions, if o nise to im med stoting the unlost.  PART II. OTHER  Di  200. ACCIDENT V OF CONTRIBUTI	EATH WAS CAUSED BY:  IMMEDIATE CAUSE  DUE  ny, which gove iote couse (o), derlying couse  SIGNIFICANT CONDITIONS C	se per line for (o), (b), ond (o)  Cerebral  TO  (b)  Arterios  TO  (c)  ONTRIBUTING TO DEATH BUT I	vascular	r accident	DITION GIVEN IN	PART I(o)		INTERVAL BETWEEN ONSET AND DEATH 3 hours  Years  19. WAS AUTOPSY PERFORMED?
18. CAUSE OF PART I. D  3 3 / Conditions, if o nise to immed stoting the un last.  PART II. OTHER  Di  200. ACCIDENT V OR CONTRIBUTI (IF EITHER, NOTI II) 20c. TIME OF I Hour	EATH WAS CAUSED BY: IMMEDIATE CAUSE  Ny, which gove iote couse (o), derlying couse  SIGNIFICANT CONDITIONS C  abetes melli  VAS UNDERLYING  NG CAUSE OF DEATH FY MEDICAL EXAMINER)  NJURY Month, Day, Yeor o.m. 19	se per line for (o), (b), ond (c (o) Cerebral  10 Arterios (c)  ONTRIBUTING TO DEATH BUT I  10  20b. DESCRIBE HOW IN  2Dd. INJURY OCCURRE While Not Whill of work Not Whill of work	vascular clerosis,  NOT RELATED TO THE	r accident , general  HE TERMINAL DISEASE CON Enter noture of injury in F E OF INJURY (Home, form ry, street, office bldg., etc.)	DITION GIVEN IN	PART 1(o) of item 18.) ty or town)	(County	INTERVAL BETWEEN CHASE AND DEATH A DOURS  Years  19. WAS AUTOPSY PERFORMED? YES NO (Stote
18. CAUSE OF PART I. D  3 3 / Conditions, if one to immed stoting the unlost.  PART II. OTHER  200. ACCIDENT VOR CONTRIBUTION  200. TIME OF I HOUR  21. I cell saw the	EATH WAS CAUSED BY: IMMEDIATE CAUSE  Ny, which gove iote couse (o), derlying couse  SIGNIFICANT CONDITIONS C abetes melli  VAS UNDERLYING  NG CAUSE OF DEATH FY MEDICAL EXAMINER)  NJURY Month, Day, Yeor  o.m. 19  tify that 11 (this hos deceased olive on	se per line for (o), (b), ond (c (o) Cerebral  10 (b) Arterios (c)  10 (c) DNTRIBUTING TO DEATH BUT IT  20b. DESCRIBE HOW IN  20d. INJURY OCCURRE While Not Whil	vascular clerosis,  NOT RELATED TO TH  HURY OCCURRED. (E	r accident , general  HE TERMINAL DISEASE CON Enter noture of injury in E E OF INJURY (Home, form ry, street, office bldg., etc.)	DITION GIVEN IN Port I or Port II or 2Df. (Ci	PART 1(o) of item 18.) ty or town)  May 6	(County , 19 <b>67</b> ond on the	INTERVAL BETWEEN CHASE AND DEATH A DOURS  Years  19. WAS AUTOPSY PERFORMED? YES NO  (Stote that 14) (we) date stated obe
18. CAUSE OF PART I. D  3 3 / Conditions, if one is to immed stoting the unlost.  PART II. OTHER  Di  200. ACCIDENT VOR CONTRIBUTI (IF EITHER, NOTI LOW)  20c. TIME OF INCOME.	EATH WAS CAUSED BY: IMMEDIATE CAUSE  Ny, which gove iote couse (o), derlying couse  SIGNIFICANT CONDITIONS CABETS  ABOUT AND CAUSE OF DEATH FY MEDICAL EXAMINER)  NJURY Month, Day, Yeor o.m. 19 Tify that 10 (this hos deceased olive on  BE THE STATE OF THE STATE  OF THE STATE  OF THE STATE OF THE STATE  OF	se per line for (o), (b), ond (c (o) Cerebral  10 (b) Arterios (c)  10 (c) DITRIBUTING TO DEATH BUT IT  20b. DESCRIBE HOW IN  20d. INJURY OCCURRE While of work of work of work	vascular clerosis,  NOT RELATED TO TH  HURY OCCURRED. (E	r accident general HE TERMINAL DISEASE CON Enter noture of injury in F E OF INJURY (Home, form injury, street, office bldg., etc.) April 17 death occurred ot	DITION GIVEN IN  Port I or Port II of  2Df. (Cr  2Df. (Cr  2Df. M. fr	PART 1(o) of item 18.) ty or town)  May 6 om causes c  STAFF PHYS.	(County)	INTERVAL BETWEEN CHASE AND DEATH 3 HOURS  Years  19. WAS AUTOPSY PERFORMED? YES NO  (Stote that 10 (we) date stated obesigned 67

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove tarbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours ofter death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificote be executed within 24 hours after death Page 4 moy be retained by the hospital or ottending physician.

VR A15 (4) 25M 1/67

A STATE OF THE STA The world and the state of the .Fit madded to find an amount to the contract - International Continues Total rendering distance base in the second second

. Bland Bridge Bridge

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

in a			07429 CER	RTIFICATE OF DEATH	07404
after death he forerat ges 1 and after death			PLACE OF DEATH D. COUNTY Wicomico	MARYLAND O. STATE Maryland	ved, if institution: Residence before odmission b. COUNTY <b>Talbet</b>
		1	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)  Salisoury (Rural)  1 1116	b Bellevue (ru	mits, write RURAL and give nearest town)
requires that the death certificate be executed within 24 haurs 3 physician.  I signed by the attending physician and camplet by Filled in by the burial-transit permit. Then please remaye certain gapers. Par burial, trematian, at remayal, and in any event, within 72 hours	00	Í	A. NAME DF HOSPITAL DR INSTITUTION (If not in haspital, give street address RFD #5 Pemberton Drive	d. STREET ADDRESS "(Laylands	e. IS RESIDENCE ON A FARM? YES NO
d withi			NAME OF DECEASED Type or print) Bessie Owens Newnam	le Lost 4. DATE OF DEATH	Month May 29 167
e death certificate be executed wit attending physician and campletry permit. Then please remaye carbar an, ar remaval, and in any event. W	T.	S.	Female white WIDOWED DIV	ORCED   4/25 1879 8	E (In yeors irrunder)   IF UNDER 1 YEAR   IF UNDER 24 HRS.   Months   Doys   Hours   Min.   Min.
ate be exercian and colease rema	3	duri	USUAL OCCUPATION (Give kind of work done ng mpst of working life, even if retired)  Houseways	Anne Arundle M	
eath certifico ending physic nit. Then pla ar remaval,		13.	FATHER'S NAME George Owens	14. MOTHER'S MAIDEN NAME Ellen Atwell	
attending permit. I an, ar rer		15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (If yes give wor or dotes of service)	NO. 17. INFORMANT  Dr. A. C. Neunam, Sa	Address Lisbury, Md.
that the d an. by the attransit perr			18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), ond (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		INTERVAL BETWEEN ONSET AND DEATH
aquires that the physician. signed by the burial-transit burial, cremat			Conditions, if ony, which gove ) (b)	Wy.	7-7-00
ding phone signer signe			nse to immediate couse (a), stating the underlying couse last.		
AN: The law rall are attending last attending last been as the as the Health priar ta	2	IFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART I(o)  19. WAS AUTOPSY PERFORMED? YES NO
		CERT	200. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRY OCCURRED. (Enter noture of injury in Port 1 or Port II o	f item 18.)
5 t + 5 e		MEDICAL	20c. TIME OF INJURY Month, Doy, Year Haur o.m. p.m. 19 2Dd. INJURY DCCURRED While of wark of work		y ar town) (County) (Stote)
rendined by OR: After auld be the Star			21. I certify that (I) (this haspital) attended the decer saw the deceased alive an Arthury 19		Most 9 9, 19 57 that (I) (we) last an cayses and an the date stated above
R AT retar			220. SIGNATURE	M.D. ATTENDING MED. DIRECTOR D	STAFF PHYS. D 22b. DATE SIGNED
TO HOSPITAL O Page 4 may be TO FUNERAL DIS director, page shauld be filed	/		22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS	
Page 4 may To FUNERAL director, pa			BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF Spring	g Hill East	
VR A15 (4) 25M 1/67	Bo	24	FUNERAL DIRECTION E. NEUMAM & SON, Easto	250. REC'D BY REGISTRAR  DATE   III   D	25b. REGISTRAR'S SIGNATURE

GIN TU To transfer and the state of w 1.000 i destruction of the sector Alexan . Campleman PERMITTER STATES \$4 D \$531 SEM Mil he have them was STANDBUOL: fillowing Chronia les no C. lewen, mission, 14. the mine of the mine with Alita ..... . Edition 2 ill.) Committee all

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07430

CERTIFICATE OF DEATH

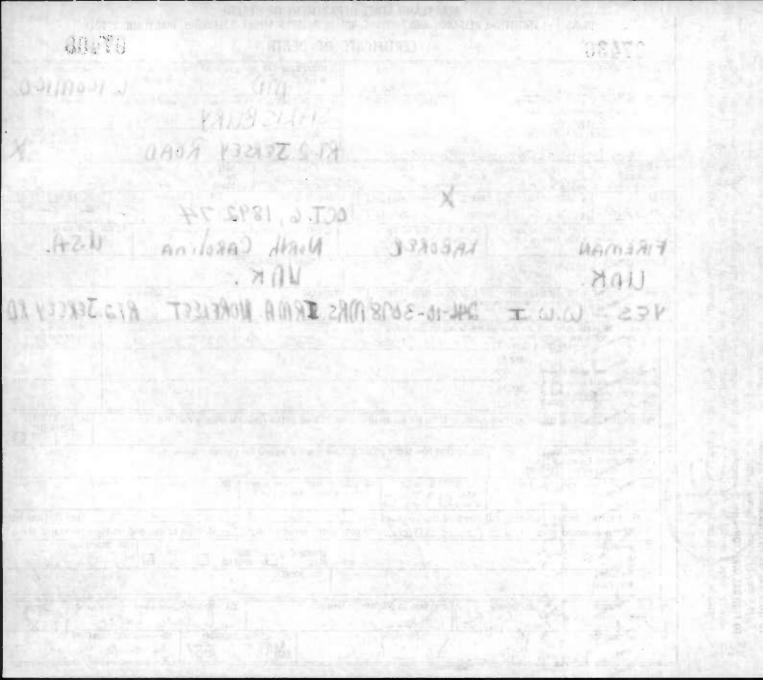
07405

04200	CERTIFICATE	OI DEATH		0.100
1. PLACE OF DEATH		2. USUAL RESIDENCE (Who	ere deceased lived, if institutio	n: Residence before admission)
o. COUNTY	1140//1410	o. STATE M	b. COUNT	1. DIMADILI
Wicomico	MARYLAND	- CITY OR TOWN W	de composado liceias contas DEIDA	Wicolling
<ul> <li>LCITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)</li> </ul>	c. LENGTH OF STAY IN 1b	C. CITT DK TOWN (IT OUTSIG	de corporote limits, write RURA	it and give neorest town)
Salisbury		24112 K	MXKY	221
d. NAME OF HOSPITAL OR INSTITUTION (If not in has	pital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE
D	7 77 1 1- 7	RT. 2. JERS	EV RAAA	ON A FARM?
Peninsula Genera				
NAME OF First	Middle		4. DATE Month	Day Year
(Type ar print) ALISER 1	Non	RFLEET	DEATH ///AY	7 1967
SEX 6. COLOR OR RACE 7. MAR	RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	Manths Days Haurs I Min.
MALE NEERO WIDO	OWED DIVORCED	OCT. 6 189	12 74 yrs.	Manths Days Haurs Min.
b. USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & S		12. CITIZEN OF WHAT
ring most of working life, even if retired)	INDUSTRY O C O	AL OIL	1 - 1	COUNTRY
LIKEIIIAN	MADONOL	MOKAN	ARolina	NOU.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	WE	
LINK.		UIIK		
S. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	NFORMANT	Address	S
(es. na. ar unknawn) (If yes give war ar dates af service	MI-14 3 MO MI	RE TOMA 1	LORFLEET	RIS. JERSEY RI
152 M'M'T	PLE-10-20 191111	12 * VIII U · V	MILLOUI	
18. CAUSE OF DEATH (Enter only one cause per li PART I. DEATH WAS CAUSED BY:	ine far (a), (b), and (e).)			INTERVAL BETWEEN
IMMEDIATE CAUSE (a)	Curlose	af the	ll	CONSET AND DEATH
56/0 DUE TO		0		
Conditions, if ony, which gave ) (b)				
rise to immediate cause (o), ( DUE TO				
storing the underlying cause				
		THE TENNING PROPERTY COURT		I 10 WAS AUTODOV
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	JIING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDI	HON GIVEN IN PART T(a)	19. WAS AUTOPSY PERFORMED?
20g. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTICY MEDICAL EXAMINER)				YES NO
20a. ACCIDENT WAS UNDERLYING ☐ 2	205. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Por	rt 1 or Part II of item 18.)	
OR CONTRIBUTING CAUSE OF DEATH				
(II ETITER, NOTIL I MEDICAE EXMINITER)	20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Hame, farm,	20f. (City or fown)	(County) (State)
20c. TIME OF INJURY Month, Doy, Year Hour a.m.		ory, street, office bldg., etc.)	Zot. (city of fowil)	(51014)
p.m. 19	at work at work		-	
21. I certify that (I) (this haspital)	attended the deceased fram_	4-26 ,191	01, to 5-4	, 180 /, that (1) (we) la
saw the deceased glive an 3 - 8	19/a/, and tha	t death accurred at?	M, fram causes a	nd an the date stated abav
22g. SIGNATURE	A			22b. DATE SIGNED
119-52011	Os I M.		ED. STAFF	5-11-107
22c. PHYSICIAN'S	The state of the s	22d. ADDRESS	KECTOK LI PRITS. LI	1 4 01
NAME (Type)	V	ZZG. ADDRESS		
BURIAL, CREMATION, 23b. DATE THEREOF	CA A 23C NAME OF CEMETERY OR		233. LOCATION (City or Town	n) (County) (State)
1 REMOVAL (Specify) Man 9	Mall Dresm Cit	reo	Jalesburg 7	vuc) MV
24. EUNERAL DIRECTOR	ADDRESS	2Sa. REC'D B	Y REGISTRAR   25% REG	ISTRAR'S SIGNATURE
1 1 1		MAY	5 10C7 276	couls. Oudas

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The low requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove coloon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 20 M 1/66



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funesal director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 brid. I should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

> VR A15 (4) 15M 4-64

DIVISION

		MARYLAND ST	TATE DEPART	MENT OF H	HEALTH		
l	OF STATISTICAL	RESEARCH AND	RECORDS, 301 V	W. PRESTON	STREET,	BALTIMORE 1,	, MARYLAND
		CERT	IFICATE OF	DEATH		0	7406

41 1	4501			
	CE DF DEATH	2. USUAL RESIDENCE a. STATE	CE (Where deceased lived, If Institution b. COUNTY	n: Residence before admission)
	Wicomico MARYLAND	Mars	aland W	licomico
b. 0	CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (IF	outside corporate limits, write RU	RAL and give nearest town)
-	Salisbury	Pars	sonsburg	2-1-
d. 1	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE
	Wicomico Nursing Home	(in	village)	ON A FARM? YES NO
	ME DF First Middle	Last	4. DATE Month	Day Year
	De or print) (Delia) CORDELIA MAY	PARKER	DEATH May	31 1967
5. SEX	6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IFUN Mont	DER 1 YEAR IF UNDER 24 HRS
Fe	emale   White   WIDOWED   DIVORCED	Aug.20,188	37 79vrs. 9	is 11 nours will.
LOa. USI	UAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR	11. BIRTHPLACE (C	ounty & State, or foreign country)   12	2. CITIZEN OF WHAT COUNTRY?
during r	most of working life, even if retired) INDUSTRY tired) Practical Nurse	Marvland	A 800 - 600 A	USA
	THER'S NAME	14. MOTHER'S MAIL	DEN NAME	0011
		Y	in Warleman	
15 WA	oshua J. Parker s deceased ever in u.s. armed forces?   16. social security no.   17.	INFORMANT	ia Workman Address	
(Yes, no	or unkown) (If yes give war or dates of service)	Mr. Cliffe	ord E. Parker (	(Cousin)
	No   213-22-6364	Parsonsbu	rg, Maryland	
18.		1200 11-	,	ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY:	words		HWKs.
	332X DUE TO			
Co	nditions, if any, which ) (b)			
-	ve rise to immediate			74 23 - 3 40 20
	derlying cause last.			
	RT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?
CAT	50 Mars ased	01/1/1/80	leurs	YES NO
E 20	a. ACCIDENT WAS UNDERLYING   VOD. DESCRIBE HOW WIJURY OCC	URRED. (Enter nature o	f Injury in Part I or Part II of Iten	n 18.)
CERTIFICATION OB OB OB OB	CONTRIBUTING CAUSE OF DEATH EITHER, NOTIFY MEDICAL EXAMINER) N/A			
N 200	c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PL	ACE OF INJURY (Home, f.		(County) (State)
MEDICAL 200	Mulle L Not while L	ory street, office blug., t		
	21. Legify that (I) (this hospital) attended the deceased from	PM 1	0660 2/30 1	967, that (I) (we) las
	saw the deceased alive on 1967, and that	App, 1	2:58, from the causes and	
22	Saw the necessed anive on 1903, and the	ir death occurred at		DATE SIGNED
17	(MIII/16/ DIII/4/1	ATTENDING [	MED. STAFF	2/1200
22	c PHYSICIAN'S M.	D. PHYS	DIRECTOR PHYS.	May 3 / /1967
1/	NAME (Type)		yland Ave., Sa	lichury Md.
020	Dr. E. M. Beardsley  SURIAL CREMATION 1 23b. DATE THEREOF 1 23c. NAME OF CEMETER		23d. LOCATION (City, town o	
23a. E	REMOVAL (Specify)			
I	Burial June 3,1967 Parsons Cen	netery	Salisbury, P	Maryland FRAR'S SIGNATURE
				ionly Judge
I	HOLLOWAY & COMPANY, SALISBURY, M	D. DATE	IUN 5 1967 FCC	The house
		2-21		

10 to - 1 The state of the s OIN LEGICAL CONTRACTOR The same of the sa The state of the s REPORT AND THE SECOND OF THE SECOND S

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ges	Pa	35 1	
Pa	X3.	gec	
Item 18. Give Pages 1, 2, and 3 to the funeral director, Page TO	9	0	
3. G	Porn	E	
n 18	th	E	
Te.	3	8	

ARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

0143	Z MEI	ICAL EXAMINE	K 3 CERTIFICA	TIE OF DEATH	07407
PLACE OF DEA     COUNTY	Wicomico	MARYLAN	a. STATE Mare	yland b. cou	finstitution: Residence before edmission NTY Wicomico
b. CITY OR TOWN	(if outside corporata limits,	c. LENGTH OF STAY IN	1b c. CITY OR TOWN	(If outside corporata limits, wrl	ta RURAL and give neerest town)
Parsonsbu	if give nesses Routal	)	(Rura	l) Parsonsbu	irg
	spital or institution (if ate 1	not in hospital, give street address)	d. STREET ADDRESS	oute 1	e. IS RESIDENCE ON A FARM? YES A NO
3. NAME OF	First	Middle	Last	4. DATE Mont	
(Type or print)	Asbury	Turner	Parsons	OF May	1,1967 Year
5. SEX	6. COLOR OR RACE 7	. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthdey)	IF UNDER 1 YEAR   IF UNDER 24 HRS.
Male		WIDOWED TO DIVORCED	Sept.12,18	81   85 yrs.	Months Days Hours Min.
done during most of the Farmer	ATION (Give kind of work working life, aven if retired)	Farming	USTRY 11. BIRTHPLACE (State		12. CITIZEN OF WHAT COUNTRYS USA
13. FATHER'S NAME			14. MOTHER'S MAIDEN	I NAME	
	William T.	Parsons	Mary A.	Adkins	
15. WAS DECEASED	EVER IN U.S. ARMED FORCE	57   16. SOCIAL SECURITY NO.   1	7. INFORMANT	Addres	Route 1
(Yas, no, or unkown)	(If yes giva war or detes of ser	/ice)	Mr. Willard		
	DEATH  Entar only one c	ause per line for (a), (b), and (c).]		Par	sonsburg Md
PART I, DEA	ATH WAS CAUSED BY:	arter	ch I:	C V WY	ONSET AND DEATH
10	IMMEDIATE CAUSE (a)		, 0 -00-102	_ 0; 0,	Herry
420					
Conditions, if a	(0)				
(a), staling the	DITE TO				
PART II. OTH	HER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE CONDITION GI	VEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO METERS NO METER
CAUSE OF DEAT	CONTRIBUTING [	DESCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in	Part I or Part II of itam 18.)	
20c. TIME OF IN	h.	20d. INJURY OCCURRED 20e. Whila Not While et work at work	PLACE OF INJURY (Home, far factory, streat, office bldg., at		(County) (State)
		the remains described above	held an Autoney	Inspection Inqui	ny 9 and in my anialan
death resulted		-/ -	Suicide , Homicide		
19 79 6 12	1.	7)	CHIEF MEDICAL	EXAMINER	
ACTUAL SIGNATURE	/ long	Kyu	M.D. ASSISTANT ME	DICAL EXAMINER	DATE SIGNED
EXAMINER'S NAME (Type)	EnrIL	, Boyer	DEPUTY DEDICA	AL EXAMINER	5-12-17
REMOVAL (Speci	me 1 m 1 0		Y OR CREMATORY	224. LOCATION (City, town	
Burial	1 5/24/196		urch Cem.		ritch Md.
Thomas	Lu	ADDRESS	MAY	2.4 1967 24b. REC	Ushla Judas
THOMS	as F. Walla	ce Salisbury	MO - DATE	N 1 1001 /	

THE BURNARY OF ECOCOMIC PROPERTY SOND THE AREA OF SEAST AND A STATE OF SEAST AND A SEAST OF A SEAST THE RESIDENCE OF THE PROPERTY OF THE PARTY O 1 A 11 1904 A 1904 surlice . . .

MARYLAND STATE DEPARTMENT OF HEAL DIVISION OF STATISTICAL RESEARCH AND RECORD

CERTIFICAT 07433 PLACE OF DEATH hours after death. 100 mm a. COUNTY Wicomico completely filled in by the vecarbon papers. Pages event, within 72 hours after MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Powellville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) In Village within NAME OF DECEASED Middle First (Type or print) ASBITRY executed please remove of SEX 6. COLOR OR RACE 7. MARRIED and WIDOWED A DIVORCED Male White 10b. KIND OF BUSINESS OR INDUSTRY 10a. USUAL OCCUPATION (Give kind of work done I the attending physician during most of working life, even if retired) PHYSICIAN: The law requires that the death certificate be Retired-Clerk Grocery Store removal, 13. FATHER'S NAME Then John Gordy Pardua

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unkown) [(If yes give war or dates of service) 16. SOCIAL SECURITY NO. I burial-transit permit. burial, cremation, or r (Yes, no, or unkown) 216-14-9864 No CAUSE OF DEATH [Enter only one cause per line for TO FUNERAL DIRECTOR: After this certificate has been signed by the director, page 3 should be detached for use as the burial-transit DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) the hospital or attending physician. DUE TO Conditions, If any, which (b) gave rise to immediate as the prior to DUE TO (a), stating underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL for use 2Da. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCC detached for the details of 1 N/A (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED be de State [ fact Hour a.m. While Not While ATTENDING be retained by p.m. 19 at work at work 3 should with the S 21. I certify that (I) (this hoghital) attended the deceased from saw the deceased alive on and that death occurred atpage . Page 4 may b M.D. 22c. should be C lifford E. Schott BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Burial 1967

E OF DEATH	N STREET, BA	LTIMORE 1		108
a. STATE	CE (Where deceased livery land outside corporate l	b. COUNTY W	icomic	0
d. STREET ADDRESS	village			IS RESIDENCE ON A FARM?
PERDUE 8. DATE OF BIRTH	4. DATE OF DEATH  9. AGE (I last b	Month May In years IF UNI Irthday) Month		Year 1967 UNDER 24 HRS Hours   Min.
Powellvi 14. MOTHER'S MAIL Sarah Ja	ounty & State, or forel	and	COUNTRY?	WHAT
INFORMANT Mr. Rosece P Powellville,	maryland detication	Address		AL BETWEEN AND DEATH
End ATED TO THE TERMINAL	Shy DISEASE CONDITION	ELW GIVEN IN PART 1		VAS AUTOPSY ERFORMED?
URRED. (Enter nature of ACE OF INJURY (Home, fory, street, office bidg.,	arm.   20f. (City or		18.) (County)	(Stete)

MED. DIRECTOR

STAFF

PHYS.

M, from the causes and on the date stated above.

22b. DATE SIGNED

N. Main St., Berlin, Maryland 23d. LOCATION (City, town or county) (State) 23c. NAME OF CEMETERY OR CREMATORY Powellville, Maryland St. John's Cemetery 25b. REGISTRAR'S REC'D BY REGISTRAR FUNERAL DIRECTOR ADDRESS HOLLOWAY & COMPANY, SALISBURY, MARYLAND

PHYS.

22d.

ADDRESS

VR A15 (4) 15M 4-64

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VR A15 (4) 15M 4·64

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, B	ALTIMORE 1, MARYLAND
07434	CERTIFICATE OF DEATH	0740

1. PLACE DF DEATH a. CDUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)					
Wicomico MARYLAND	a. STATE b. COUNTY Wicomico					
b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY DR TDWN (If outside corporete limits, write RURAL end g	give nearest town)				
Salisbury	Salisbury . A	1				
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE DN A FARM?				
Wicomico Nursing Home	733 Camden Avenue	YES NO.				
3. NAME OF First Middle DECEASED TAXABLE TO THE TOTAL	Last 4. DATE Month Da	/				
(Type or print) MARGUERITE BLUNDON	PHILLIPS DEATH May 15	1967				
5. SEX   6. COLOR DR RACE   7. MARRIED   NEVER MARRIED   8	B. DATE DF BIRTH 9. AGE (In years   IFUNDER 1 YEA   last birthday)   Months   Days					
Female White WIDDWED DIVDRCED M	March 4, 1892 75 yrs. 2 11	110013				
10a. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND DF BUSINESS DR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country)   12. CITIZE	N OF WHAT RY?				
Social Worker Welfare Office	Northumberland County, Va. USA	A				
13. FATHER'S NAME	14. MDTHER'S MAIDEN NAME					
Robert Blundon	Katharine Nelms					
	INFORMANT Address					
(Yes, no, or unkown) (If yes give war or dates of service) No 216-56-1771	Mr. W. Ray Phillips (Husband)	ryland				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	in a column	TERVAL BETWEEN				
PART I. DEATH WAS CAUSED BY:	Vieles elson	COLLINE DEATH				
IMMEDIATE CAUSE (a) ANGLE CO.	- francis	4				
Conditions if any which \		/				
gave rise to immediate						
cause (a), stating the DUE TO						
underlying cause last. (c)	1	WAS ALITADOV				
PART IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	9. WAS AUTDPSY PERFORMED?				
5 MARKULUU UULT aloure - Cl	usul Frence.	YES NO X				
B DR CDNZRIBUTING CAUSE DF DEATH	RRED. (Enter nature of injury in Part I or Part II of Item 18.)					
Hour a.m. While Not While factor	CE OF INJURY (Home, farm, ry, street, office bldg., etc.) (Clty or town) (County)	(State)				
	5/8 67 . 5/15 67	11 1 (1) (1) (1)				
21. I certify that (I) (this hospital) attended the deceased from		that (I) (we) last				
saw the deceased alive on 5/15 // 1967, and that	death occurred at 10:30, from the causes and on the da					
22a, SGNATURE/// (2011/1/2)	ATTENDING A MED STAFF	9				
Will Helly of M.D	. PHYS. DIRECTOR PHYS.	13/1967				
22c/PHYSICIAN'S NAME (Type)	22d. ADORESS					
MANIE (1998) Dr. E. M. Beardsley	207 Maryland Ave., Salisbury,	Md.				
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY		(State)				
REMOVAL (Specify) May 17, 1967 Parsons Cemete	ery Salisbury, Maryland					
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR   25b. REGISTRAR'S SIG	GNATURE				
HOLLOWAY & COMPANY, SALISBURY, MARYLAN	D DATMAY 1 7 1967 yollayles	Uniter.				
WENTERLY DESCRIPTION OF THE PROPERTY.	D DATMAY 17 1967 Janes	1				

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#### MARYLAND STATE DEPARTMENT OF HEALTH

vision of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	07435	CERTIFICATE	OF DEATH		7410				
	PLACE OF DEATH o. COUNTY Wicomico	MARYLAND	2. USUAL RESIDENCE (Where deco. STATE MARYLA	eosed lived, if institution: Reside	ICOMICO				
	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) Sallsbury	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ourside corp	orate limits, write RURAL and gi	2-/				
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospi Peninsula General		d. STREET ADDRESS R.D. #1 (S	had Point)	e. IS RESIDENCE ON A FARM? YES NO				
	NAME OF DECEASED (Type or print) PRESTON	Middle NORMAN PA	Jost 4. DAT OF DEA	no 01/ 17	Day Year 19 6 7				
S.		THE VERY MARKINES	7-22-11	9. AGE (In years IF UNDER last birthdoy) Manths 55 yrs. 9	R 1 YEAR   IF UNDER 24 HRS. Days Hours Min.				
duri	ing most of working life, even if retired)	DE KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, a Salis bury,		ITIZEN OF WHAT OUNTRY? USA				
	FATHER'S NAME Norman S. Pruitt		14. MOTHER'S MAIDEN NAME Anna Ward		X (VA				
IS. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. 12. 12. 12. 12. 12. 12. 12. 12. 12. 12	NFORMANT Theodosia S	Address B. Pruitt (Wife Dry. Maryland	•)				
	18. CAUSE OF DEATH (Enter anly one couse per lin PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO	e far (a), (b), and (c).)	Surfer Hea	it Deserve	INTERVAL BETWEEN ONSET AND DEATH				
	Canditians, if ony, which gave rise to immediate couse (o), stoting the underlying cause last. (c)								
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION O	SIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO				
CERTIFICATION	20o. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part I ar	Port II of item 18.)					
MEDICAL	Hour a.m.	Od. INJURY OCCURRED 20e. PLAC While Not While foctor t wark at work	CE OF INJURY (Home, form, ory, street, office bldg., etc.)	f. (City or town) (C	ounty) (State)				
	21. I certify that (I) (this haspital) attended the deceased fram 5-10, 1861-, to 3-12, 1961, that (II) (we) las saw the deceased alive an 5-12, and that death accurred at 747 M, fram causes and an the date stated obove								
	22a. SIGNATURE	COOL M.		R PHYS. 22b.	DATE SIGNED				
	22c. PHYSICIAN'S NAME (Type) WILBUR R.	ELLIS, Jr	Medical Ces	WTER-SAL	sbury, Ma				
230	BURIAL, CREMATION, REMOVAL (Specify) BURIAL May 14, 196	23c. NAME OF CEMETERY OR O		LOCATION (City or Town)  comico County	(County) (State)				
24	. FUNERAL DIRECTOR	ADDRESS	2Sa. REC'D BY REG	ISTRAR 2Sb. REGISTRAR'S	SIGNATURE				

MAY 17

HOLLOWAY & COMPANY, SALISBURY, MARYLAND

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campleter Thied in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 3 shauld be filed with the State Dept. of Health prior ta burial, crematian, or remaval, and in any event, within 72 haurs after death Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF TILALITY
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07436	CERTIFIC	ATE OF DEATH	UV	411		
1. PLACE OF DEATH o. COUNTY Wicomico	MARYLA	2. USUAL RESIDENCE (Where deceosed o. STATE Maryland	I COLLETT	nce before odmission)		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury	c. LENGTH OF STAY IN 1	c. CITY OR TOWN (If outside corporate Salisbury	limits, write RURAL ond giv	L ond give neorest town)		
d. NAME OF HOSPITAL OR INSTITUTION (If not Peninsula Gene		d. STREET ADDRESS 702 Parkway Cir	cle	e IS RESIDENCE ON A FARM? YES NO 🗵		
(Type or print) LULA	GAMBRILL Middle	PUSEY Lost 4. DATE OF DEATH	Month  MAU  AGE (In years   IF UNDER	Doy Year 6 19 6 7		
FEMALE WHITE	7. MARRIED NEVER MARRIED	Feb. 15, 1897	last birthdgy) Months yrs.	Doys Hours Min.		
100. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Gi	ft Shop (Gift			OUNTRY?		
13. FATHER'S NAME William H. Gamb	rill	14. MOTHER'S MAIDEN NAME Sarah Taylor				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of	16. SOCIAL SECURITY NO. 212-16-5797	17. INFORMANT Carl L. Pusey, Jr.,	Address Easton, Mary	yland		
18. CAUSE OF DEATH (Enter only one couse PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (C. 4200 DUE T.	(Interiorde	ratio Heart	Visiase	INTERVAL BETWEEN ONSET AND DEATH		
Conditions, if ony, which gove rise to immediate couse (a), storing the underlying couse last.	0)					
EART IT OTHER SIGNIFICANT CONDITIONS CO	dothned; (	DIOTHE TERMINAL DISEASE CONDITION GIVEN	physima	19. WAS AUTOPSY PERFORMED? YES NO		
20g. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  OR CONTRIBUTING  (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCU	RRED. (Enter noture of injury in Port I or Port of	of item /8.)			
20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19	20d. INJURY OCCURRED While Not While of work of work	e. PLACE OF INJURY (Home, form, foctory, Preet, office bldg., etc.)	(City or town) (Co	ounty) (Stote)		
21. I certify that (I) (this hosp sow the deceased alive on		om 100 , 19 to to that death occurred of 4 74 M,	from courses and on t			
22a. SIGNATURE  22c. PHYSICIAN'S	Elware	M.D. ATTENDING MED. PHYS. DIRECTOR D 22d. ADDRESS	STAFF PHYS.	DATE SIGNED		
NAME(Type)  230. BURIAL CREMATION, 23b. DATE THER	EOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d IOCA	ATION (City or Town)	(County) (State)		

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please repove-sarban papers. Pages I and director, page 3 should be detached far use as the burial-transit permit. Then please repove-sarban papers. Pages I and VR A15 (4) 20 M 1/66

May 8, 1967

Washington Cemetery /son, Federalsburg, Maryland

2So. REC'D BY REGISTRAR DATMAY

(Stote) (County) Hurlock, Maryland

25b. REGISTRAR'S SIGNATURE

 MARYLAND STATE DEPARTMENT OF HEALTH

D RECORDS, 301 CERTIFICATE W. PRESTON STREET, BALTIMORE, MARYLAND 21201
OF DEATH Division of STATISTICAL RESEARCH AND Item#21 Film#G

0	7	4	3	7	
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07412

-					
1.	PLACE OF DEATH o. COUNTY, Wicomico	MARYLAND	2. USUAL RESIDENCE (When a. STATE	b. COUNTY	Residence before odmission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16		e corporote limits, write RURAL o	
H	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospit	ol, give street oddress)	d. STREET ADDRESS	8	e. IS RESIDENCE ON A FARM?
L	Peninsula General	Hospital			YES NO 🔀
3.	NAME OF First DECEASED (Type or print)	Middle Gen V	Redden 4.	DATE Month OF DEATH MAY	Doy Year 4 19 67
	SEX 6. COLOR OR RACE 7. MARRI	The state of the s	B. DATE OF BIRTH		UNDER 1 YEAR   IF UNDER 24 HRS.
10	o. USUAL OCCUPATION (Give kind of work done life, even if retired)	b. KIND OF BUSINESS OR INDUSTRY SELF GMP.	11. BIRTHPLACE (County & St.	ote, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	B. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	37.7
	- SAN GRAV		MARGIN	& GIBB	S.
		16. SOCIAL SECURITY NO. 17.	INFORMANT	Address	RAPPE MO
F	10 100	17-17-52811	BSVIVIAN	JUMBUR	INTERVAL BETWEEN
	18. CAUSE OF DEATH (Enter only one couse per line PART I. DEATH WAS CAUSED BY:	- T	1 0.000	J	ONSET AND DEATH
	157 X IMMEDIATE CAUSE (a)	arunondous p	us. Janus		5 nos
	Conditions if any which nave >				e) [nes
	rise to immediate couse (o),				
	lost. (c)				
NOIL	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITI	ON GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
FIG	20o. ACCIDENT WAS UNDERLYING □ 20b	DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port	Lor Port II of item 1B)	113 110 110
CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. DESCRIBE FROM MISSIAN OCCUMENT	(2.1.0) no lovo or injery in rott		
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor 20		CE OF INJURY (Home, form, lory, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)
	21. I certify that (I) (this hospital) of	tended the deceased from	3-19	6 2, to 3 774	, 19 <u>6</u> , that (I) (we) last
	sow the deceased olive on	5-14-1967, and tha	it death occurred at 11	537 M, from causes and	on the date stated above.
	220. SIGNATURE	Come. M.	D. ATTENDING MEI		22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type) //. W. T	022	22d. ADDRESS Devicen	Conson - SA	CISBORY
23	BO. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)
	BEMOVAL (Specify) L 5767	GY ERBA	LEGIK	BERLIN	HUR MIN
2	4 FUNERAL DIRECTOR	ADDRESS .	2So. REC'D BY	4 4 40 450 (100)	RAR'S SIGNATURE
	America V. 12:00	51- 18 1/x /	DATE WIAT	11 1967 /	Judge.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral-director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Dept. at Health priar ta burial, crematian, or remaval, and in any event, within 72 haurs after death. O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after dept Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1)		07438			CERTII	FICATE	OF DEATH			(	74	13
		PLACE OF DEATH a. COUNTY Wicomico	)		MAR	YLAND	a. STATE Ma	(Where deceosed I	ived, if institut b. COU	NTY M	before od	
		b. CITY OR TOWN (If outsid write RURAL and give no Salisbur	eorest town)		C. LENGTH OF STAY	IN 1b	CITY OR TOWN (If o	autorde carparote li	mits, write RU	RAL ond give n	earest tay	vn)
Qn	1	d. NAME OF HOSPITAL OR II	ISTITUTION (If nat		e street address)	(	. STREET ADDRESS	1000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			RESIDENCE I A FARM?
00	3.	NAME OF DECEASED	First		Middle	<	Lost	4. DATE OF	Mon		Day	Year
	S.		OR OR RACE	7. MARRIED [	NEVER MARRIE	D 8.	WARTE DATE OF BIRTH		GE (In years	IF UNDER 1 Y		NDER 24 HRS. Durs Min.
	10a	. USUAL OCCUPATION (Give king most of working life, ever	nd af wark dane	10b. KINI	O OF BUSINESS OR		A. BIRTHPLACE (Count	y & State, ar fareign	yrs. n cauntry)	12. CITIZI COUN	EN OF WH	AT S
	13.	FATHER'S NAME	+ Le	herrs	t		Mother's Maiden	NAME neink	en			
	1S. (Ye	WAS DECEASED EVER IN U.S. is, na, ar unknawn) (If yes g	ARMED FORCES?		S-03-20	7 17. INF	DRMANT		Addr	ess		
		18. CAUSE OF DEATH (ER PART I. DEATH WAS		11-5	a) (b), and (c).)	rotic	Herr	8 d	lines			L BETWEEN
		Conditions, if ony, which rise to immediate cause	(0)	lede	ranced	16	Lerios	clero	ne.			0
		stating the underlying clast.				1	1.04					
2	TION	PART II. OTHER SIGNIFICAL	trease	6.	1	LATED TO THE		ONDITION GIVEN IN	PART 1(a)		19. WAS PER YES	AUTOPSY ORMED?
)	CERTIFICATION	20a. ACCIDENT WAS UNDER OR CONTRIBUTING ☐ CAUS (IF EITHER, NOTIFY MEDICAL	YING  E OF DEATH		/		er noture of injury in	Port I ar Port II	of item 18.)	17.7		
	MEDICAL	20c. TIME OF INJURY Mai Hour o.m. p.m.		20d. INJ While of work	URY OCCURRED  Not While of work		OF INJURY (Home, far street, office bldg., etc		ity ar tawn)	(Caunt	у)	(Stote)
		21. I certify tho saw the decease	111111111111111111111111111111111111111	1 H .	the deceased	from ond that d	eoth occurred o	196/ to_ 1/2:55/AM, f	rom causes	ond on the	, that dote st	(I) (we) los oted obove
		220. SIGNATURE	1/2	lun	~	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22b. DATE	SIGNED	
1		22c. PHYSICIAN'S NAME (Type)	Avid	J. GI	Imore		22d. ADDRESS Medici	Al Con	ter. S	glistur	y W	No. May
	230	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE THER	FOF 57	23c. NAME OF CEN	AETERY OR CRE	am.	Mard	ON (City or To	Ween	aunty)	(State)
	24	. FUNERAL DIRECTOR	h.	1	ADDRESS	x O		D BY REGISTRAR		EGISTRAR'S SIGI		1105

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

20 M 1/66

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# FOR STATE DEPT necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office olang with form PM3. Page TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is 5 may be retained far your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Heolth prior ta burial, cremation, or removal, and in any event within 72 hours ofter death

VR A15ME (5)

07439

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS. W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07439	MEDICAL EXAMINER'S	CERTIFICATE OF	DEATH	07414
PLACE OF DEATH  G. COUNTY  Wicomico	MARYLAND	2. USUAL RESIDENCE (W. o. STATE Mary	b. COUN	nn: Residence before admission)/ Worcester
b. CITY OR TOWN (If autside carparate fimits, write RURAL and give nearest tawn) Salisbury	c. LENGTH OE STAY IN 1b	c. CITY OR TOWN (If outs	ide carporate limits, write RUR/ cton	AL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in	hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
DOA Peninsula Gene	eral Hospital	Box 8	38	YES NO
3. NAME OF First DECEASED (Type or print) CHARLES	Middle LEWIS S:	IMS, SR.	4. DATE Month OF DEATH 5-2	Doy Year 29-67 19
	MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 6-23-09	9. AGE (In years last birthday) 57 yrs.	Manths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  13. FATHER'S NAME	fob. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of CHarles Torce 14. MOTHER'S MAIDEN NA	W. Va.	12 CITIZEN OE WHAT COUNTRY?
1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, or unknawn) (If yes give war ar dates af ser	578 03 2465 M	INFORMANT 105. Pauline S	Addres	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) _ DUE TO	Pulmonary edem			ONSET AND DEATH
Canditians, if any, which gave rise to immediate cause (a), stoting the underlying cause last.	Coronary occlus	sion		hours
PART II. OTHER SIGNIFICANT CONDITIONS CONTR	RIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COND	DITION GIVEN IN PART 1(a)	f9. WAS AUTOPSY PERFORMED? YES X NO
20g. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Po	art I ar Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Haur a.m. p.m. 19		ACE OE INJURY (Hame, farm, tory, street, affice bldg., etc.)	20f. (City ar town)	(County) (State)
ACTUAL SIGNATURE EXAMINER'S Earl L. Royer	Accident , Suid	CIDE CHIEF MEDICAL E  M.D. ASSISTANT MEDICAL  DEPUTY MEDICAL	AL EXAMINER EXAMINER EXAMINER EXAMINER	and in my opinion on my opinion 22. DATE SIGNED
NAME (Type) 109 Camdon Av.  230 BURIAL (REMATION, BEMOVAL (Specify)  24. FUNERAL DIRECTOR	e., Salisbury, Md.  f 23c. NAME OF CEMETERY OR  Methodis  ADDRESS	CREMATORY  2Sa. REC'D	BY REGISTRAR 2Sb. REG	(County) (State)
Dennis Funeral Home.	Snow Hill. Md.	DATE JU	N 5 1967 &	Charles Judge

TERM TERMINARED FOR MANAGEMENT OF THE STATE The first of the company of the control of the cont charges Silver Veryance (Villages) It Add the state of the tolling Such as Such as Such as the such states of the BUCH THEFT STATES STATES STREET and the same ways to be the control of the control

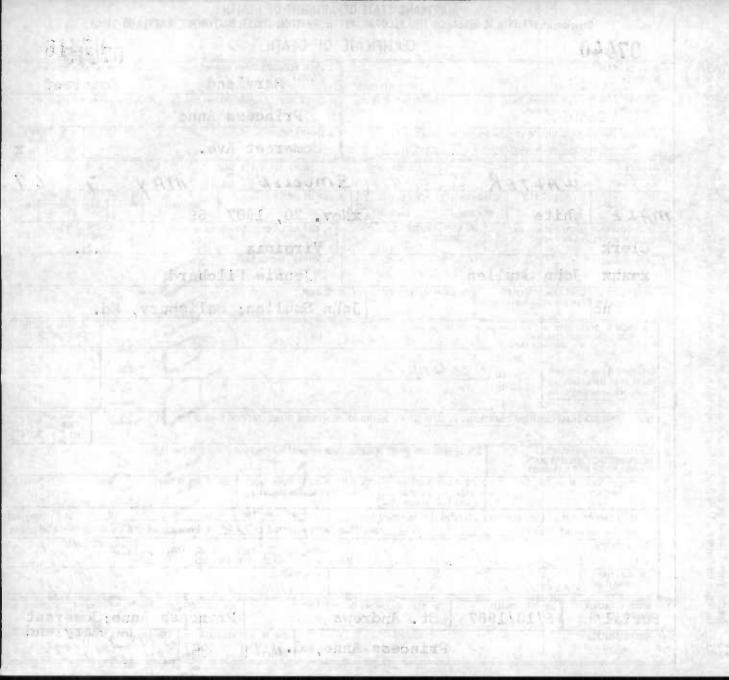
## MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07440	CERTIFICATE	OF DEATH		07415
1. PLACE OF DEATH  o. COUNTY WICOMICO	MARYLAND	2. USUAL RESIDENCE (Where do o. STATE Maryla	I COUNTY	Residence before admission) Somerset
b. CITY OR TOWN (If outside carporate limits, write, RURAL-ond-pive nearest town)	LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside con		and give neorest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give Peninsula General Ho		d. STREET ADDRESS Somerset A	ve.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) WALTER S. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED B	DATE OF BIRTH	ATH MAY  9. AGE (In years   II	Doy Year  1967 FUNDER I YEAR IF UNDER 24 HRS Jonths Days Hours Min.
MALE White WIDOWED 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND (INDUS) 13. FATHER'S NAME	OF BUSINESS OR	11. BIRTHPLACE (County & State, Virginia 14. MOTHER'S MAIDEN NAME	59 yrs. ar fareign country)	12. CITIZEN OF WHAT COUNTRY?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, ar unknown) (If yes give war ar dates of service)  16. SOCI		Jennie Pi FORMANT nn Smullen;	Address	Md.
1B. CAUSE OF DEATH (Enter only one cause per lige for (a), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if ony, which gove rise to immediate cause (a), stoting the underlying couse last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D	CAD	infarct  LE TERMINAL DISEASE CONDITION	CIVEN IN PART I(a)	INTERVAL BETWEEN DRISET AND DEATH  JEWAS AUTOPSY
200. ACCIDENT WAS UNDERLYING  200. A		Enter noture of injury in Part 1 a		19. WAS AUTOPSY PERFORMED? YES NO
7	Nat While focto	ry, streey, office bldg., etc.)	of. (City or town)  to	(County) (State)  , 18 , that (I) (we) lod on the dote stoted above 22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type) Vicholas (2)  23d. BURIAL, (REMATION, BEEN TILE (Pecify) 5/10/1967	Sosch  23c. NAME OF CEMETERY OR C  St. Andrews	PHYS. DIRECTOR  220 ADDRESS  PENINSULA  REMATORY 230	Genev  L LOCATION (City or Tawn)	
24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REC	GISTRAR 2Sb. REGIS	TRAR'S SAMELRY Land

**O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed-within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campleted filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and should be filed with the State Dept. at Health priar ta burial, crematian, ar remayal, and in any event, within 72 hours after deat

VR A15 (4) 20 M 1/66



#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR/JJA arry deloy is

necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page and the State Department of death. 5 may be retained for your files.

This certificate should be executed within 24 hours ofter death. If

necessory, please execute the certificate, writing the word "pending"

TO DEPUTY MEDICAL EXAMINER:

VR A15ME (5)

Health prior to buriol, cremation, ar removal, and in any event within 72 hours after

BTAIR

1744	7	MED	ICAL EXAMIN	CK 2	CERTIFICATE	OF DEA	111		0 ( 2)	LU	
o COUNTY					CTATE	,		INITY			n) /
o. count	Vicomico		MARYL	AND	mar,			MAC			
b. CITY OR TOWN	(If outside corporate lim	its,	c. LENGTH OF STAY IN	16			ote limits, write RI	JRAL ond giv	ve nearest to	own)	
WITTO KOKAL Q	Salisbury					ark	100	00	1		
					d. STREET ADDRESS	/					
	Peninsula G	eneral	Hospital		Pt-	7/			YES	Q	NO 🗌
NAME OF			Middle		Last	4. DATE			Day	Yea	r
(Type or print)		OD							Ties	19	
SEX	6. COLDR OR RACE	7. MARRIED	NEVER MARRIED	<b>X</b>	B. DATE OF BIRTH	,,		Months Months			24 HRS Min.
Male	AA	WIDOWED	DIVORCED		1-24-	2/	15 yrs.				
					11. BIRTHPLACE (Sto	ate ar foreign	country)	12. C	OUNTRY?	HAT D	
FATHER'S NAME	rhert ~	Spen	uce		14. MOTHER'S MAIDE	N NAME	dkin	a)			
			SOCIAL SECURITY NO.	17. I	NFORMANT	bonna	Add	ress	mlt	2/.1	1
Tio college of	PPARM (C. A	1: (	( ) ( ) ( ) ( )	14	the of	revice	, rew	an g	INITEDI	IAI DETI	A/CENI
	ATH WAS CAUSED BY:	H'm		skui l	1						
1 02	111	(0)	acouro	31500 14	Au				-	1004	
Conditions, if or											
rise ta immedi	ote couse (a).	(-/									
	derlying cause										
	SIGNIFICANT CONDITIONS		TO DEATH BUT NOT RELA	TED TO 1	THE TERMINAL DISEASE	CONDITION GIV	/EN IN PART 1(a)				
W. W. WILK		22.11110									D?
		20b. D	ESCRIBE HOW INJURY OCC	URRED.	(Enter nature of injury	in Part I ar Po	art 11 of item 18.)				
PRIMARY ar (	ONTRIBUTING	Pas	senger in	auto	which ran	out o	f contro	l and	overt	turn	ed.
		1 Was	INJURY OCCURRED	20e. PLA	Car. CE OF INJURY (Hame, f	grm, 20f.	(City or town)	(0	ounty)	(5	Stote)
11.20	XX 5-20-67	While	e Nat While					1. Wo	rceste	er.	Md.
		01 440									
		_								I tilly t	ирини
dealli lest	Direct Ityline O Maio	in anses [	, Accident M,	2016				numer [			
ACTUAL	h	me			ACCICTANT A		NFR		22.	DATE	SIGNED
	Earl In Roy	rer. A.	0.		IVI - U.			M	av 23.	. 19	67
			Salisbury. 1	Md.	the state of the s		(mark)	2.6	0 -2	, -/	
o BURIAL, CREMA	TION, 23b. DATE T				CREMATORY	23d. I	OCATION (City or 1	awn)	(Caunty)	(51	tote)
REMOVAL (Spec	TYO 5-2	5-67	St. Peti	10		7	eways	1	Work	n	il.
4. FUNERAL DIREC	TOR		ADDRESS	-	2Sa. R	CO BY REGIS		REGISTRAR'S	SIGNATURE		
Jolley	Funeral Hom	ne. Sal:	isbury. Md.		DATE	AIWI S	1967	yeus	may I	uda	2
	D. COUNTY  B. CITY OR TOWN Write RURAL Q  d. NAME OF HOSP  Conditions of warking  FATHER'S NAME  WAS DECEASED E es, no, or unknown  18. CAUSE OF PART I. DE  Conditions, if or rise to immedia stating the unclost.  PART II. OTHER  20g. EXTERNAL PRIMARY D or CAUSE OF DEATH  20g. TIME OF IL. 11: 20  21. I cert death resu  ACTUAL SIGNATURE EXAMINER'S NAME (Type)  O. BURIAL, CREMA REMOVAL (Spec. 4. FUNERAL DIREC  5. FUNERAL DIREC  5. FUNERAL DIREC  6. FUNERAL DIREC  7. FUNERAL DIRE	DECEASED (Type or print)  SEX  6. COLDR OR RACE  MALE  JULY  JULY  A. NAME OF HOSPITAL OR INSTITUTION (IF  Peninsula G  NAME OF  DECEASED (Type or print)  SEX  6. COLDR OR RACE  A. D. USUAL OCCUPATION (Give kind of work don ring mast of warking life, even if retired)  FATHER'S NAME  WAS DECEASED EVER IN U.S. ARMED FORCES  es, no, ar unknown) (If yes give war ar date:  18. CAUSE OF DEATH (Enter only one or  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE  OCCUPATION, which gove rise to immediote couse (a).  stating the underlying cause  lost.  PART II. OTHER SIGNIFICANT CONDITIONS  20a. EXTERNAL CAUSE WAS PRIMARY DO OF CONTRIBUTING CAUSE OF DEATH.  20c. TIME OF INJURY Month, Day, Year  HOUR SAUX  11:20 p.m.  5-20-67  21. I certify that track char death resulted from: Natur  ACTUAL SIGNATURE  EXAMINER'S Larl L. Roy NAME (Type) 109 Camden  0. BURIAL, CREMATION, REMOVAL (Specify)  23b. DATE T  REMOVAL (Specify)  4. FUNERAL DIRECTOR	D. COUNTY WICOMICO  b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)  Salls Dury  d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, Peninsula General  NAME OF BECEASED (Type or print)  SEX  6. COLDR OR RACE  Male  AA  WIDOWED  J. J. J. MARRIED  Male  AA  WIDOWED  J. J. J. MARRIED  MALE  J. J. MARRIED  MALE  J. J. MARRIED  MALE  J. J. MARRIED  J. J. J. J. MARRIED  J. J. J. J. J. J. MARRIED  J. J. J. J. J. J. J. J. J. MARRIED  J. J	Place of Death  o. COUNTY  Wicomico  b. CITY OR TOWN (If outside corporote limits, write RURAL and give negrest town)  SALISDURY  d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)  Peninsula General Hospital  NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)  Peninsula General Hospital  NAME OF BECEASED (Type or print)  SEX  6. COLDR OR RACE  Male  AA  WIDOWED  DIVORCED  LINWOOD  SEX  6. COLDR OR RACE  MIDOWED  DIVORCED  DIVORCED  LINWOOD  SEX  105. MARRIED  NEVER MARRIED  DIVORCED  NEVER MARRIED  NEVER M	PRIACE OF DEATH  O. COUNTY  Wicomico  MARYLAND  D. CITY OR TOWN (If outside corporate limits, write RURAL and give negres) town)  Salisbury  d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)  Peninsula General Hospital  NAME OF FIRST  NAME OF DECEASED (Iype or pint)  LINWOOD  LINWOOD  SEX  Male  AA  WIDOWED  DIVORCED  DIVORCED  10b. KIND DF BUSINESS OR INDUSTRY  FATHER'S NAME  WAS DECEASED EVER IN U.S. ARMED FORCES?  E, no, or unknown) (If yes give war or dates of service)  18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)).  PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (b)  DUE TO  Conditions, if ony, which gove inset on immediate couse (a), stating the underlying couse (b)  10st to immediate couse (a), stating the underlying couse (c)  20a. EXTERNAL CAUSE WAS  PRIMARY S or CONTRIBUTING   20b. DESCRIBE HOW INJURY OCCURRED.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO 1  20c. TIME OF INJURY Month, Day, Year  11:20 p.m. 5-20-676 of warming work of the remains described abave, he death resulted from: Natural causes  ACTUAL SIGNATURE  EXAMINER'S BAT1 I. Royer,  ACTUAL SIGNATURE  EXAMINER'S BAT1 I. Royer,  ALCIDAR  BURIAL, CREMATION,  23b. DATE THEREOF  REMOVAL (Specify)  ALCIDAR  ADDRESS	PLACE OF DEATH O. COUNTY Wicomico  MARYLAND  D. CITY OR TOWN (If outside corporate limits, write RURAL and give negres) town)  M. CITY OR TOWN (If outside corporate limits, write RURAL and give negres) town)  M. CITY OR TOWN (If outside corporate limits, write RURAL and give negres) town)  M. CITY OR TOWN (If outside corporate limits, write RURAL and give negres) town)  M. CITY OR TOWN (If outside corporate limits, write RURAL and give negres) town)  M. CITY OR TOWN (If outside corporate limits, write RURAL and give street oddress)  M. CITY OR TOWN (If outside corporate limits, write RURAL and give street oddress)  M. CITY OR TOWN (If outside corporate limits, write RURAL and give street oddress)  M. C. CITY OR TOWN (If outside corporate limits, write RURAL and give street oddress)  M. C. CITY OR TOWN (If outside corporate limits, write RURAL and give street oddress)  M. C. CITY OR TOWN (If outside corporate limits, write RURAL and give street oddress)  M. C. CITY OR TOWN (If outside corporate limits, write RURAL and give street oddress)  M. C. CITY OR TOWN (If outside corporate limits, write RURAL and give street oddress)  M. D. STREET ADDRESS   M. D. STREET ADDRESS   D. STATE Mary  C. CITY OR TOWN (If outside corporate limits, write and give street oddress)  M. D. STREET ADDRESS  D. STATE Mary  New  M. D. STREET ADDRESS  D. STREET ADDRESS  D. STREET ADDRESS   d. STREET ADDRESS  D. NEVER MARRIED  N. D. NEVER MARR	PLACE OF DEATH  O. COUNTY  Wicomico  MARYLAND  D. CITY OR TOWN (If outside copporte limits, write RURAL and days negrest town)  Newark  AMME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  Peninsula General Hospital  NAME OF FIRST  LINWOOD  SEX  ALENGTH OF STAY IN 16  OCUPY OR TOWN (If outside copporte limits, write RURAL and days negrest town)  Newark  ALE  LOST  SPENCE  OF FIRST  Male  LOST  SPENCE  OF FIRST  MIDDOWED  DIVORCED  JUNE OF DEATH  (Pipe or print)  LINWOODD  SEX  ALE  ALE  ALE  ALE  ALE  ALE  ALE  A	PLACE OF DEATH  O. COUNTY  Wicomico  MARYLAND  D. CITY OR TOWN (If outside corporate limits, write RURAL add gave negrets town)  Salls Dully  MARYLAND  D. CITY OR TOWN (If outside corporate limits, write RURAL add gave negrets town)  A. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  M. NAME OF POPENIAL OR INSTITUTION (If not in hospital, give street oddress)  M. NAME OF POPENIAL OR INSTITUTION (If not in hospital, give street oddress)  M. NAME OF POPENIAL OR INSTITUTION (If not in hospital, give street oddress)  M. NAME OF POPENIAL OR INSTITUTION (If not in hospital, give street oddress)  M. NAME OF POPENIAL OR INSTITUTION (If not in hospital, give street oddress)  M. NAME OF POPENIAL OR INSTITUTION (If not in hospital, give street oddress)  M. NAME OF POPENIAL OR INSTITUTION (If not in hospital, give street oddress)  M. NAME OF POPENIAL OR INSTITUTION (If not in hospital, give street oddress)  M. NAME OF POPENIAL OR INSTITUTION (If not in hospital, give street oddress)  M. NAME OF POPENIAL OR INSTITUTION (If not in hospital, give street oddress)  M. NAME OF POPENIAL OR INSTITUTION (If not in hospital, give street oddress)  M. NAME OF POPENIAL OR INSTITUTION (If not in hospital, give street oddress)  M. NAME OF POPENIAL OR INSTITUTION (If not in hospital, give street oddress)  M. NAME OF POPENIAL OR INSTITUTION (If not in hospital, give street oddress)  M. NAME OF POPENIAL OR INSTITUTION (If not in hospital, give street oddress)  M. NAME OF POPENIAL OR INSTITUTION (If not in hospital, give street oddress)  M. NAME OF POPENIAL OR INSTITUTION (If not in hospital, give street oddress)  M. NAME OF POPENIAL (Institution)  M. NAME OF POPENIAL OR INSTITUTION (In not in hosp	PLACE OF DEATH  O. COUNTY WICOUTICO  MARYLAND  D. CITY OR TOWN (If outside corporate limits, write RURAL and gery write RURAL and gery and great lown)  Salas BUllary  d. RAME OF ROYNA (If outside corporate limits, write RURAL and gery write RURAL and gery and great lown)  Adams OF HOTAL OR INSTITUTION (If not in hospital, give street address)  Peninsula General Hospital  NAME OF PERINGE OF PENINS AND THE RURAL AND PERINGE OF PENINSULA GENERAL PROPERTY OF THE RURAL AND PENINSULA GENERAL PROPERTY OF THE RURAL PROPERTY OF THE	PLACE OF DEATH  O. COUNTY WICOMICO  MARYLAND  D. CHT OR TOWN (If outside corporal limits, write RURAL and give necessar in which was all the company of the county of the	PLACE OF DATH  O. COUNTY WICOMICO  MARYLAND  D. CHY OR TOWN (P) outside corporate limits, write RURAL and give necess town with RURAL and RURAL

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	974	42		CERTIFICA	TE OF DEATH		07/17
1.	PLACE OF DEAT	H S				CE (Where deceased lived, If instit b. COUNT)	
	Wi	comico		MARYLAND		yland	Wicomico
	b. CITY OR TOW Write RURAL	/N (if outside co and give neare	orporate limits,	Adm. in 10	c. CITY OR TOWN (If	outside corporate limits, write	RURAL end give neerest town)
	Sa	lisbury		4/25/67	Sal	isbury	2+1
	d. NAME OF HO	SPITAL OR INST	ITUTION (If not in	hospital, give street address	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	Pe	ninsula	General H	Mospital	214	Linwood Avenue	YES NO
3.	NAME OF DECEASED	027-127	First	Middle	Last	4. DATE Month	Day Year
	(Type or print)		NEAVITT	(NMI)	STAFFORD	OF DEATH May	15 19 67
5.	SEX	6. COLOR OR	RACE 7. MARRIE	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years) IF last birthday)	FUNDER 1 YEAR IF UNDER 24 HRS.
	Male	White	WIDOWE		December 1,	1895 71 yrs.	5 14
du	a. USUAL OCCUPAT	fion (Give kind o ling life, even if	fwork done 10b. retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (C	ounty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Retired S		er Loc	comotive Works	Chesterto	wn, Maryland	USA
13					14. MOTHER'S MAIL	DEN NAME	
11	William 5. WAS DECEASED			COOLAL OF CURLTY NO. 1 43	Mary France		
(Y	es, no, or unkown)	(If yes give war or	dates of service)	Julia La Caracia de la Caracia		ce J. Stafford	(Wife)
_	No			14-10-8824A	214 Linwood	Ave., Salisbur	y, Maryland
		EATH WAS CAUS		fine for (a), (b), and (c).]			ONSET AND DEATH
	1 -1.	IMMEDIATE (	CAUSE (a)	arcinoma, s	2 sopha gu	)	dnos.
	(50)	ann sublab 1	DUE TO		,		
	Conditions, If		(b)				
	cause (a), s underlying caus		DUE TO				
NO			(c) NDITIONS CONTRII	BUTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL I	DISEASE CONDITION GIVEN IN PA	ART 1(e) 119. WAS AUTOPSY
CERTIFICATION			1 × 1 × 5				PERFORMED?
TE	20a. ACCIDENT	WAS UNDERLYI	NG   20b.	DESCRIBE HOW INJURY OC	CURRED. (Enter nature of	Finjury in Pert I or Part II of	
CER	OR CONTRIBUT	ING CAUSE OF TIFY MEDICAL	EXAMINER)	N/A			
CAL		INJURY Month,	Day, Year 20d.	INJURY OCCURRED   20e. P	LACE OF INJURY (Home, fa	arm, 20f. (City or town)	(County) (State)
MEDICAL	Hour a.i		Whii at wo	e mot while m	ctory, street, office bldg., e	(tc.)	
-				ded the deceased from_	4-12- 1.1	967, to 5-15	, 196), that (I) (we) last
			00/5-1		nat death occurred at		nd on the date stated above.
	22a. SIGNATU		///			AM	22b. DATE SIGNED
		1-60	nt /d	ru	A.D. PHYS.	MED. STAFF DIRECTOR PHYS.	May /6 /1967
	22c. PHYSICU NAME (T	·	Idward V	Comman	22d. ADDRESS	Conton Coldab	
=	1		Edward K.		44	Center, Salisb	
23	<ul> <li>BURIAL, CREN REMOVAL (Sp</li> </ul>	ecify)	DATE THEREOF	23c. NAME OF CEMETE		23d. LOCATION (City, tow	
2	Buraal 4. FUNERAL DIRI	May	18, 1967	Parsons Ceme	etery   25a. RE	Salisbury, M	ISTRAR'S SIGNATURE
1			PANY, SAT	ISBURY, MARYLA	444	Y 17 1967	harles Judge
		0. 0 01/11	was the A programmer		DATE		() ()

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MARYLAND STATE DEPARTMENT OF HEALTH

(1150) Stelland Sterry TO DEED TO DEED TO byothe - part to the - St south the committee of the contract of the in the state of th as the physical in the

### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	07444	MEDICAL EXAMINER'S	CERTIFICATE O	F DEATH	07419
Ī	. PLACE OF DEATH		2. USUAL RESIDENCE (V	Vhere deceosed lived, if institution:	Residence before odmission)
	o. COUNTY Wicomico	MARYLAND	o. STATE Mary	land b. COUNTY	Wicomico
-	b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 16		tside corporate limits, write RURAL of	
	write RURAL and give nearest tawn)		1		and give needed town;
-	Salisbury		Will	arus	e. IS RESIDENCE
į l	d. NAME OF HOSPITAL OR INSTITUTION (If not in		d. STREET ADDRESS		ON A FARM?
	DOA Peninsula Gen				YES NO
3	3. NAME OF First DECEASED	Middle	Lost	4. DATE Month OF	Doy Year
NL.	(Type or print) AUBREY	JAMES	TIMMONS	DEATH 5-10	6-67 19
/ 3	S. SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED 8	B. DATE OF BIRTH		UNDER I YEAR   IF UNDER 24 HRS.
		WIDOWED DIVORCED	4-29-16	51 yrs.	onths Doys Hours Min.
	0o. USUAL OCCUPATION (Give kind of work done luring most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote		12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME		14. MOTHER'S MAIDEN N		
1	THOMAS TIMM	D N S	MINIV	1 LEWIS	
-	S WAS DECEASED EVER IN ILS ARMED FORCES?	16. SOCIAL SECURITY NO. 17. II	NFORMANT	Address	
	(Yes, no, ar unknown) (If yes give war or dates of se	217-28-4150 A	Mes. Ensid	. 11	Gen. N.
-	No No		MEZI CONY	Horrowal	INTERVAL BETWEEN
	18. CAUSE OF DEATH (Enter only one couse p PART I. DEATH WAS CAUSED BY:		hand faile	1	ONSET AND DEATH
	IMMEDIATE CAUSE (o)	Acute congestive	neart Tallu	re	minutes
	DOE 10				
	Conditions, if ony, which gove (b) rise to immediate couse (o),	Hypertensive card	ilo-vascular	disease	years
	stoting the underlying couse DUE TO				
	lost. (c)				
١,	PART II. OTHER SIGNIFICANT CONDITIONS CONTI	RIBUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(0)	19. WAS AUTOPSY
Ē					PERFORMED?
CEDTIFICATION	20a. EXTERNAL CAUSE WAS	20b. DESCRIBE HOW INJURY OCCURRED. (	Enter noture of injury in F	Port L or Port II of item 18.)	1.0 [] .0 [2]
107	PRIMARY Or CONTRIBUTING CAUSE OF DEATH.		,		
-	CAUSE OF DEATH.	20d. INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, form,	20f. (City or town)	(County) (Stote)
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m.		ory, street, office bldg., etc.)	, Zoi. (City of lowit)	(200114)
1	p.m. 19	otwork U otwork U			
	21. I certify that I took charge of	f the remoins described obove, hel	ld on Autopsy 🔲,	Inspection X, Inquiry	ond in my opinion
	deoth resulted from Noturol co	ouses X, Accident , Suici	ide, Homicide	Undetermined monn	er 🗌
	1		CHIEF MEDICAL	EXAMINER	
	ACTUAL SIGNATURE	h 9	M.D. ASSISTANT MEDI	CAL EXAMINER	22. DATE SIGNED
	EXAMINETS Earl L. Royer,	N.D.	DEPUTY MEDICA	L EXAMINER	May 18, 1967
		Salisbury, Md.	Address (Street,	city, town, or county)	
2	23o. BURIAL, CREMATION, 23b. DATE THEREO		REMATORY	23d, LOCATION (City or Town)	(County) (Stote)
	REMOVAL (Specify)	67 PER DU	5	PONITLLYIL	LE WIR MD
1	24. FUNERAL DIRECTOR	ADDRESS		BY REGISTRAR 2Sb. REGISTR	RAR'S SIGNATURE
	Burbage Funeral Home.	Berlin, Md.	MAY S	2 3 1967 Jelian	eles Judge

VR A15ME (5)

5 moy be retained for your files.

FOR STATE HEALTH DEPT.

with the State Department of within 72 hours after death

any delay is

in pencil in Item 18. Give Pages 1, 2, and 3 to

This certificate should be executed within 24 hours after deoth. If

the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page

necessary, please execute the certificate, writing the ward "pending"

AL EXAMINER:

TO DEPUTY MEDI

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 Health or its designated agent, prior to burial, cremation, or removal, and in any event

- While

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death VR A15 (4) 15M 4-64

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 07445 CERTIFICATE OF DEATH 07420

1. PLACE DF DEATH a, COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Res	sidence before admission)
Wicomico MARYLAND	a. STATE Maryland b. COUNTY Wie	comico
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 15  Adm. 10	c. CITY OR TOWN (If outside corporate limits, write RURAL a	ind give nearest town)
Salisbury May 16, 196 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	Salisbury	221
	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Peninsula General Hospital	Magnolia Drive	YES NO
3. NAME DF First Middle DECEASED	Last 4. DATE Month	Day Year
(Type or print) NORA JANE	TINDALL DEATH May	21 19 67
V. WANKIED WEATH WANKIED	B. DATE OF BIRTH 9. AGE (In years   IFUNDER 1   last birthday)   Months   E	Days Hours   Min.
Female White WIDOWED DIVORCED 10a. USUAL OCCUPATION (GIVe kind of work done 10b. KIND OF BUSINESS OR	June 24, 1918 48 yrs. 10 ;	27 IZEN OF WHAT
during most of working life, even if retired) INDUSTRY	COL	JNTRY?
Operator   Shirt Company	Wicomico Co., Maryland U.	SA
Louis Cox 15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	Mary Austin INFORMANT Address	
	r. George Tindall (Husband	)
18. CAUSE DF DEATH [Enter only one cause per line far (a), (b), and (c),]	agnolia Drive, Salisbury,	Maryland INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	La Masure	ONSET AND THE
IMMEDIATE CAUSE (a)	X 1 -0	0
Conditions, if any, which	tours!	8 ym
gave rise to immediate cause (a), stating the DUE TO		0
underlying cause last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
FICA		YES NO X
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part I or Part II of Item 18.)	
	CE OF INJURY (Home, farm, 20f. (City or town) (Country, street, office bldg., etc.)	ty) (State)
Hour a.m.  p.m.  19  While Not While at work at work	y, street, onice plug., etc.)	
	2-18 1958 to 5-21 1967	that (I) (we) last
saw the deceased alive on 5-1 195, and that	death occurred at 8 AM, from the causes and on the	e date stated above.
22a. SIGNATURE O	ATTENDING MED. STAFF 22b. DA	TE SIGNED
M.D.		23 /1967
NAME (Type) Dr. Earth. Royer	409 Camden Ave., Salisb	ury, Md.
23a. BURIAL CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY	OR CREMATORY   23d. LOCATION (City, town or coun	ity) (State)
Burial May 24,1967 Springhill	Memory Gardens, Salisbury	, Md.
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	
HOLLOWAY & COMPANY, SALISBURY, MI	D. DATE AY 2 1 1967 Icharle	Judge

DELOCATED TO THE PROPERTY OF THE PERSON OF T Lucio particular and the state of the Series in a literate of em lei s'adue : 20, Flate au duction ... or designed by the process of selection 13 14.5 85 31-21 1967 Secretary of the state of the s 

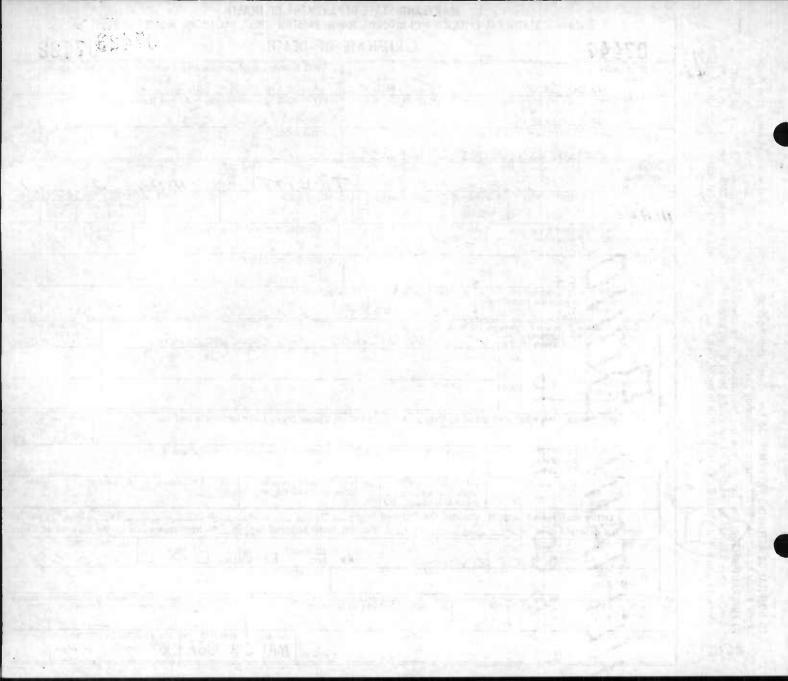
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07446 CERTIFICATE OF DEATH 07421requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) . PLACE OF DEATH and completely filled in by the funeral remove carbon papers. Pages 1 one o. county Wicomico o. STATE b. COUNTY Md. Wicomico
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Mardela. Salisbury Md d. STREET ADDRESS IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) within 72 NO T Peninsula General Hospita. RED YES 3. NAME OF Lost 4. DATE Month Doy Year DECEASED (Type or print) 19 event, DEATH 9. AGE (In years) IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** DATE OF BIRTH Months Doys Hours OFF WIDOWED DIVORCED ent.24.1898 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done ondin during most of working life, even if retired) INDUSTRY COUNTRY? ottending physicion permit. Then please mechanic garment factory Farmington,

14. MOTHER'S MAIDER NAME 13. FATHER'S NAME or removol, Sarah Adams John Torbert IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service 222-IO-6930 Mrs. Louise Torbert Mardela. Md. cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-tronsit burial, cremati PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) be retained by the hospitol or attending physician. DUE TO Conditions, if ony, which gove sumern rise to immediate couse (o), DUF TO for use os the t Heolth prior tab stoting the underlying couse hos been ATTENDING PHYSICIAN: The low last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CFRTIFICATION this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING be detoched for Stote Dept. of H OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Home, form, (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20f. (City or town) (County) Hour o.m. Not While foctory, street, office bldg., etc.) 19 ot work O FUNERAL DIRECTOR: After 21. I certify that (1) (this hospital) attended the deceased fram\_ 19 6 7, that (1) (we) last . 19 67 . ta 5 - 11 . 26 ploods director, page 3 should should should be filed with the 19.67, and that death accurred at 6 25 M, fram causes and an the date stated above. saw the deceased alive an 5-11 22o. SIGNATURE 22b. DATE SIGNED STAFF PHYS. DIRECTOR M.D PHYS. 22d. ADDRESS 22c. PHYSICIAN'S 05 Tenera WARSAL Deninsula NAME (Type) 23d. LOCATION (City or Town)
Bederalsburg, 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23o. BURIAL, CREMATION Concord Cem. I4/67 **ADDRESS** 24. FUNERAL DIRECTOR 1967 VR A15 (4) Federalsburg, Md. 20 M 1/66

Uq . 1981, 19. 19eal 17 17 Clause of t. free, meant letter the least of the real of the first The state of the s 

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

6111		07447	CERTIFICATE	OF DEATH	07422
		LACE OF DEATH . COUNTY		2. USUAL RESIDENCE (Where deceosed lived, on STAJE	if institution: Residence before odmission) b. COUNTY, /
		Wicomico	MARYLAND	NARVLAND	MICOMICO
or removal, ond in ony event, within 72 hours after	Ł	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (I) outside corporate limits,	write RURAL and give nearest town)
		Salisbury		MILLARD	5 22.1
80	(	. NAME OF HOSPITAL OR INSTITUTION (If not in hospital or in hospit		d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
-	0 1	Peninsula Gen			YES NO
	[	IAME OF First	Middle	TO 4. DATE OF	Month Ooy Year
1		Type or print)   USSEL  EX   6. COLOR OR RACE   7. MAR	RIED NEVER MARRIED 1	DATE OF BIRTH 9. AGE (In	yeors / IF UNDER 1 YEAR   IF UNDER 24 HRS.
	m	ALE VI WIDO		DOT 8 1936 lost bir	thdoy) Months Doys Hours Min.
			Ob. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign coun	try) 12 CITIZEN OF WHAT
	duri	RUCK REPORTED	FROZEN FOOD.	VILLARDS	MD COUNTRY 3 A.
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	C	LARENCE W. TA	RUITT	ELSIE SM	1744,
		WAS DECEASED EVER IN U.S. ARMED FORCES? , no, or unknown) (If yes give wor or dotes of service)		NFORMANT	Address
	, ]	Xa I No !	12-20-9854 N	IRSKUSSELL W.	JRUITT, WILLARD
		<ol> <li>CAUSE OF DEATH (Enter only one couse per li PART I. DEATH WAS CAUSED BY:</li> </ol>	0 111011 11	11 3 -1.	INTERVAL BETWEEN ONSET AND DEATH
28		IMMEDIATE CAUSE (o)	Jeenmonal	y Eusensen	a antender
7.11		Conditions, if ony, which gove ) (b)		, 5	
		rise to immediate couse (o), DUE TO			
		last. (c)			
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A3	CERTIFICATION	20o. ACCIDENT WAS UNDERLYING ☐ 2 OR CONTRIBUTING ☐ CAUSE OF DEATH	05. DESCRIBE HOW INJURY OCCURRED. (	Enter noture of injury in Port I or Port II of ite	n 18.)
	AL CE	(IF EITHER, NOTIFY MEDICAL EXAMINER)	and the state of t		(6.1)
	MEDICAL	Hour o.m.	While Not While focto	CE OF INJURY (Home, form, 20f. (City or pry, street, office bldg., etc.)	town) (County) (State)
		p.m. 19 21. I certify that (II) (this hospital)	otwork L otwork L)	5-13.1967.tg 2-	20 , 1907, that(1) Ywe) la
		saw the deceased alive on 5	20 19 67, and that	death accurred at 25 /M, from	
-		220. SIGNATURE			22b. DATE SIGNED
		1895200	en f	ATTENDING MED ST. PHYS. DIRECTOR PH	AFF U 5-20-67
/		22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS	
-			V		
	230.	BURIAL, CREMATION, REMOVAL (Specify) 23b. OATE THEREOF	23c. NAME OF CEMETERY OR-	REMATORY 23d. LOCATION (	n- Who
0	24.	FUNERAL DIRECTOR	ADDRESS	250. REC'D BY REGISTRAR	2Sb. REGISTRAR'S SIGNATURE
H	1	Irma P. Buil	are Berlin	MAI 23 1967	ycharles Juage



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07448 CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a CDUNTY b. COUNTY Wicomico rvland Wicomico MARYLAND b. CITY OR TDWN (If outside carporate limits, c. LENGTH OF STAY IN 1b c. CITY DR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn) hours Salisbury 20 Yrs
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 20 Yrs. Salisbury papers. e. IS RESIDENCE ON A FARM? d STREET ADDRESS within 72 ! 719 Alvin Ave., 719 Alvin Ave.. YES NO A 3 NAME OF First Middle 4 DATE Lost Month DECEASED TWILLEY SALLIE MARY (Type or print) ar DEATH event S SEX 6. COLOR OR RACE 8 DATE OF BIRTH IF UNDER 24 HRS 9. AGE (In years IF UNDER 1 YEAR 7 MARRIED NEVER MARRIED remove las pirthdoy) APril 6.1884 Months Hours White Female and in any WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT please during most of working life, even if retired) Milliner COUNTRY? Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME remayal, attending phy Maggie Johnson Levin Twilley 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, ng, or unknown) (If yes give war or dates af service) Б Mr. Milford Twilley, Salisbury, Md. crematian, 1B. CAUSE OF DEATH (Enter only one cause per line for (a), INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET APPODEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise ta immediate cause (a). DUE TO stating the underlying couse last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? CERTIFICATION NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month. Day, Year 20d. INJURY DCCURRED (City or town) (County) (State) Hour o.m Nat While factory, street, office bldg., etc.) State [ at wark at work 21. I certify that (1) (this haspital) attended the deceased fram 1956 ta 5--1957, that (I) (we) last , and that death accurred at 2 - M, from causes and an the date stated above. saw the deceased alive an 22a. SIGNATURE 22b. DATE SIGNED ATTENDING 5-9-1967 M.D. DIRECTOR 22d. ADDRESS 22C. PHYSICIAN'S Dr. Earl L Royer Salisbury, Maryland NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION. 23b DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Burial Wicomico Memorial Park Salisbury, Maryland 5-10-1967 **ADDRESS** 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR Hill Funeral Home Salisbury, Maryland

1. 83aken

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signed by the burial-transit p **FO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that Page 4 may be retained by the haspital ar attending physician. be retained by the haspital ar attending physician. this certificate has been s letached far use as the b 9 Dept. af Health priar to b this certificate etached for FUNERAL DIRECTOR: After director, page 3 shauld be d shauld be filed with the State VR A15 (4) 20 M 1/66

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07449

## CERTIFICATE OF DEATH

07424

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	PLACE OF DEATH				2. USUAL RESIDENCE (Where d			odmission)
0	Wicomico Wicomico		MARYLA	AND	o. STATE Marylan	b. COUNT	Wicomi	č0
-	o. CITY OR TOWN (If outside corporate lin	ia.	c. LENGTH OF STAY IN		c. CITY OR TOWN (If outside co			
U	write RURAL and give nearest town)	1113,	C. LENGTH OF STAT IN	10			AL Ond give heorest	lowilj
	Salisbury				Salisbury		22.1	
d	. NAME OF HOSPITAL OR INSTITUTION (IF	not in hospitol,	give street oddress)		d. STREET ADDRESS		е.	IS RESIDENCE
	Dender	0	-7 TT	- 7	D+ 0 W+	13.3	V	ON A FARM?
	Peninsula			dT.	Rt 2 West			
	NAME OF CECEASED	First	Middle		Lost 4. D/		Doy	Year
(	Type or print) Emory		Н.	W		ATH ///ac	1 25	196/
S. S	SEX 6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	□ 8.		9. AGE (In years		IF UNDER 24 HRS.
N	Tale Negno	WIDOWED		出	DATE OF BIRTH 12/17/1889	lost birthdoy)	Months Doys	Hours Min.
1	100					Yrs.		
00.	USUAL OCCUPATION (Give kind of work doing most of working life, even if retired)		IND OF BUSINESS OR		11. BIRTHPLACE (County & Stote,	or foreign country)	12. CITIZEN OF 1	WHAT
UTI	Laborer	1	None		Marvland		II	S.A.
13	FATHER'S NAME		110110		14. MOTHER'S MAIDEN NAME		0.	4.53.9
	Isaac Waller				Clarisa I	ashiell		
15.	WAS DECEASED EVER IN U.S. ARMED FORCE	? 16.	SOCIAL SECURITY NO.	17. IN	FORMANT	Addres	5	
(Yes	s, no, or unknown) (If yes give wor or dote	s of service)		Ha	ttie Nutter	Rt 2, Sa	lishury	Md
-	_No l			1100	7	1000,00		
4	18. CAUSE OF DEATH (Enter only one of PART I. DEATH WAS CAUSED BY:	ouse per ling for			1.		INTER	VAL BETWEEN T AND DEATH
	IMMEDIATE CAUSED BY:	E (0) 11	remia.	7	Her arons		Due	797
	11.19.1	JE TO //	1 1-	,	11	7 -	y /	-19
	Conditions, if ony, which gove	Hy	berten	use	Heart &	Jisean	16	Knon
	rise to immediate couse (a)	(b) *						
	stoting the underlying couse	DE TO						
	lost.	(c)						
_ [	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT NOT RELAT	ED TO TH	E TERMINAL DISEASE CONDITION	GIVEN IN PART 1(o)	19. V	VAS AUTOPSY PERFORMED?
CERTIFICATION							YES	
₫		001 0	CONTRACTOR MANAGEMENT	UDDED /		D + H ( ) 101	1 1123	
ا≒	20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	205. D	EZCEIBE HOM INJURY OCC	URKED. (E	nter noture of injury in Port 1 o	r Port II of Item 18.)		
	(IF EITHER, NOTIFY MEDICAL EXAMINER)							
₫	20c. TIME OF INJURY Month, Doy, Yeor	20d. I	NJURY OCCURRED 2	20e. PLACI	OF INJURY (Home, form,	Of. (City or town).	(County)	(Stote)
MEDICAL	Hour o.m.	While		focto	y, street, office bldg., (tc.)			,
-	p.m.	1 01 9/01			-1,1 Xº	7 /2	117	
П	21. I certify that (I) (this h	spital) atten	ded the deceased fi	rom	0/10/190	1, to 0/20		it (I) (we) las
	saw the deceased alive on	1 5/2	196 /, ar	nd that	death accurred ato,10	2-M, fram causes of	ind an the date	stated abave
	22o. SIGNATURE	1 11			1		22b. DATE SIGNE	
	220. SIGNAL ONE	111		14.0	ATTENDING MED.	STAFF	1	
П		1		M.D.		OR L PHYS. L		
1	22c. PHYSICIAN'S NAME (Type)				22d. ADDRESS			
	NAME (I Abe)							
230	. BURIAL, CREMATION, 23b. DATE	HEREOF	23c. NAME OF CEMETE	ERY OR C	REMATORY 23	d. LOCATION (City or Tow	n) (County)	(Stote)
D	PEMOVAL (Specify)							
B	urial 5/28	/67		1.06	s Cemetery S		comico	Md.
	. FUNERAL DIRECTOR	1	ADDRESS		2So. REC'D BY RE		ISTRAR'S SIGNATURE	
11	1. I am U+	1	0 //	av	N. METARE	mil		100

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove arbon papers. Pages 1 one should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any even within 72 hours ofter deat

VR A15 (4) 20 M 1/66

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	AL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the fugeral.	it permit. Then please remove corbon papers. Pages 1 and 2	lotion, or removol, and in any event, within 72 hours after death	
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and be retained by the hospital of differential proportion.	hos been	ise os the l	th prior to b	
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executed within 24 hours after deoth

OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be

CERTIFICATE OF DEATH 07450 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) a. COUNTY b. COUNTY Wicomico Wicomico Marvland MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) 28 days Fruitland Salisbury d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e IS RESIDENCE ON A FARM? d. STRFFT ADDRESS Deer's Head State Hospital Main Street YES NO 3. NAME OF Middle 4. DATE Lost Month DECEASED William Howard Walstrom May (Type or print) JY DEATH S. SEX B. DATE OF BIRTH 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR 7. MARRIED TX **NEVER MARRIED** lost birthdoy) Months Days Male White WIDOWED DIVORCED Jan. 25.1872 27 1Do. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) **INDUSTRY** COUNTRY? Machinist (Retired Pittsburgh, Pa. IISA 13. FATHER'S NAME William Howard Walstrom, Sr. Heaster Fidelia Ake 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT Mrs. Florence E. Dryden (Step-dauge: 16. SOCIAL SECURITY NO. (Yes, na, ar unknown) (If yes give war ar dates of service) 169-10-0774 608 E. College Ave., Salisbury No 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Bronchopneumonia IMMEDIATE CAUSE (a) DUE TO Chronic congestive failure Conditions, if ony, which gave Years rise to immediate cause (a). DUE TO stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? Arteriosclerotic cardiovascular disease: fractured hip. YES TO NO 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port 11 of item 18.) 2Do. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. INJURY OCCURRED 2Dc. TIME OF INJURY Month, Doy, Year 2De. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While at work ot work 21. I certify that (I) (this haspital) attended the deceased fram April 24 19.67 to May 22 19.67, that (1) (we) last 19 67, and that death accurred at May 22 saw the deceased alive an\_ from causes and an the date stated above. 220 STGRATURE 22b. DATE SIGNED STAFF PHYS. 5/22/67 DIRECTOR M D 22d. ADDRESS 22. PHYSICIAN'S A. C. Mitchell, M. D. NAME (Type) Deer's Head Hospital; Salisbury, Md. 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify) May 24,1967 Parsons Cemetery Burial 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR

& COMPANY, SALISBURY, MD.

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07451	CERTIFICATE	OF DEATH		07426
1. PLACE OF DEATH  o. COUNTY  Wicomico	MARYLAND	o. STATE	b. COUNTY	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If out	side corporate limits, write RURAL and give	ve nearest tawn)
	2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before odmission or STAP IN 16   STAP I	e. IS RESIDENCE ON A FARM? YES NO TO		
3. NAME OF First DECEASED			OF .	
S. SEX 6. COLOR OR RACE 7. MARRIED		8. DATE OF BIRTH	9. AGE (In years IF UNDER	1 YEAR   IF UNDER 24 HRS.
during most af warking life, even if retired) Housework Own	IND OF BUSINESS OR NDUSTRY Home	Md.	U.	ITIZEN OF WHAT OUNTRY? S.A.
(Yes, no, or unknown) (If yes give wor or dates af service)		Elenor Sto	arling Address	- 21651
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Canditions, if any, which gave  IF to immediate cause (a)  (b)	r (a), (b), and (c).) Pulmonary embol	us		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  Cerebral thrombosis due	e to arterioscl	erosis		19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJURY Manth, Doy, Year While	INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm,		ounty) (State)
21. I certify that (I) (this hospital) atten	nded the deceased from	April 3 19 t death occurred at	7:00AM, from causes and on	the dote stated obave
Dr. H. V. Malo	lve	22d. ADDRESS Deer's He	ead State Hospital	, Salisbury,
Buffall (Specify) May, 17, 1967	Asbury Cemet	ery.	Rural Millington,	Kent Md.
24. FUNERAL DIRECTOR Edward Fellows, Mi		11001	T 8615 1967 ZSG CONTRARY	Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use os the burial-transit permit. Then please remove carban papers. Pages 1 sad shauld be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 haurs after death **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital or attending physician.

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Somerset

Doy

Dovs

12. CITIZEN OF WHAT

21821

COUNTRY?

USA

e. IS RESIDENCE ON A FARM?

YES NO X

Year

19 67

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN

ONSET AND DEATH

Years

19. WAS AUTOPSY PERFORMED?

NO

(Stote)

YES T

(County)

5/4/67

(County)

Maryland

07452 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Wicomico MARYLAND Maryland b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Mea. r. papers. r. 72 hours c write RURAL and give nearest tawn) Salisbury 1 day Deal Island d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS within 72 filled Deer's Head State Hospital 3. NAME OF Middle Lost 4. DATE Month completely DECEASED WHITE HENRY ELBERT (Type or print) DEATH S. SEX IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH AGE (In years NEVER MARRIED lost birthdoy) Months ony Y WIDOWED DIVORCED May 23. 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) **INDUSTRY** physician ( len pleose Salvage Maryland

14. MOTHER'S MAIDEN NAME retired 13. FATHER'S NAME removal, Samuel C. White Indiana Webster 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) 0 Mrs. George Crowell. unknown no Deal ION, 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) cremati buriol-tronsit PART I. DEATH WAS CAUSED BY Massive right pleural effusion and ascites IMMEDIATE CAUSE (a) DUE TO Laennec's cirrosis - advanced Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse the 00 has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) certificote 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) hospital OR CONTRIBUTING TICALISE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) Hour o.m. foctory, street, office bldg., etc.) While Not While at work ot work TO FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) oftended the deceased from\_\_\_\_ May 3 19 67 to May 1967, that (I) (we) last should 19 68, and that death occurred at 12:30PM, from causes and on the date stated above. saw the deceased alive an May L 220) SIGNATURE 22b. DATE SIGNED director, page 3 should be filed v DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S Deer's Head State Hospital, Salisbury, NAME (Type) Chas H. Winnacott, M. D. 23o. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify) burial St. John's Cemetery Deal Island Webster Rt. 3, Princess D BY REGISTRAR 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67

the deoth certificate be executed within 24 hours after death. ATTENDING PHYSICIAN: The law requires that be retained TO HOSPITAL Poge 4 moy b

WHETE OF THE CONTRACT AND STREET AND THE SALE OF SALE BOTT AND THE WAS RESTAURTED Dealer Staff VIIIII VIIII - - Line year adult heat kingsy The little of th Marie Call II Fire mile to the mile of the control bendayin - minorila alabames The state of the s Selling with the track of the land of the

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND eased lived, If Institution: Residence before admission)

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1	. PLACE OF DEATH a. GOUNTY		ENCE (Where deceased lived, If Institution:	Residence before admission)
	Wicomico MARYL	a. STATE	arvland b. COUNTY	comico
	b. CITY DR TDWN (If outside corporate limits,   c. LENGTH OF STAY	IN 1b C. CITY OR TOWN	(If outside corporate limits, write RURA	L and give nearest town)
	write RURAL and give nearest town) Powellville 6 Yrs	. 0.	owellville 23	2./
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street ad	dress) d. STREET ADDRES	SS	e. IS RESIDENGE DN A FARM?
	9030			YES NO
a l	3. NAME OF FIRST Middle	Last	4. DATE Month	Day Year
	DECEASED		4. DATE Month OF DEATH May 24.	1967 19
5.	SEX   6. GOLOR OR RAGE   7. MARRIED   NEVER MARRIED	White	9. AGE (In years   IFUNDE	R 1 YEAR IF UNDER 24 HRS
u 10a dur 13.	Female White WIDOWED X DIVORGED		last birthday) Months	Days Hours Min.
			(County & State, or foreign country)   12. (	CITIZEN OF WHAT
	Oa. USUAL OCCUPATION (Give kind of work done luring most of working life, even if retired) Housewife  Own Home	Manarh		COUNTRY?
	Housewife   Own Home	Maryle		USA
	Joseph Cordrey  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.		oline Hamblin Address	
	Yes, no, or unkown) (If yes give war or dates of service)			
_	XX XX XX		es Powellville, Me	I INTERVAL BETWEEN
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c)	1.0		ONSET AND DEATH
	PART I. DEATH WAS GAUSED BY: IMMEDIATE CAUSE (a) MY CONTROL	is chri	ruc	3.5 yrs
	H43X DUE TO , N 1	1 fit.	· Duela-sist	
ı	Gonditions, if any, which gave rise to immediate (b)	on where	war with	
l	cause (a), stating the DUE TO			9 99 000
1	underlying cause last. ) (c)  PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT DELATED TO THE TERMIN	IAI DISEASE CONDITION CIVEN IN PART 1(a	) 19. WAS AUTOPSY
1	E PART II. DI HER SIGNIFICANI CONDITIONS CONTRIBOTING TO DESTITIBUTING	JI KELATED TO THE TERMIN	ALDISEASE CONDITION GIVEN IN TAKE 140	PERFORMED?
I S	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. ACCIDENT WAS UNDERLYING   200. DESGRIBE HOW INJURY OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTHEY MEDICAL EXAMINER)	V OCCUPPED (Enter nature	e of injury in Part I or Part II of Item 1	- L
1	20a. ACCIDENT WAS UNDERLYING   20b. DESGRIBE HOW INJUR OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTHEY MEDICAL EXAMINER)	(Enter nature	of mjusy m rate i of rate ii of item 2	0.)
		On DIACE OF INUIDY/Home	e, farm, 20f. (Gity or town) (Go	ounty) (State)
19	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2 Hour a.m. While Not While at work 19 at work 19	Oe. PLACE OF INJURY (Home factory, street, office bldg	g., etc.)	(0.000)
1				, 2
	21. I certify that (I) (this hospital) attended the deceased fr	om 1960	, 19 te 5 2 4 , 196	
ı		nd that death occurred a	at 532 A.M., from the gauses and on	the date stated above
ı	22a. SIGNATURE	ATTENDING FOR	/	17-1019
ı	Strank, Jewes	M.D. PHYS. 22d, ADDRESS	MED. STAFF PHYS. DIRECTOR PHYS.	17961.
	22c. PHYSICIAN'S NAME (Type) Frank LOWIS	220, ADDRESS	and an aller	
-	That the second	METERY OR OPENATORY	LOSA LOCATION COLOR CONTRACTOR	ounty) (State)
12	REMOVAL (Specify) Mary 27 3047	METERY OR GREMATORY	23d. LOCATION Gity, town or c	ounty) (State)
-	24. FUNERAC DIRECTOR // APPRESS		REC'D BY REGISTRAR 250 REGISTRA	R'S SIGNATURE
	The state of the s		AV 0 1 1007 Miliant	a Verder

	DEA		May	24.	196	7 19	
BIRTH		9. AGE	(In years birthday)	IFUNDER	1 YEAR	IF UNDER	24 HRS.
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VR A15 (4) 15M 4-64

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 07454 PLACE OF DEATH a COUNTY 2 Wicomico Maryland MARYLAND delay he Carte Department b. CITY OR TOWN (If outside corporate limits c LENGTH OF STAY IN 1b gud write RURAL ond give nearest town)
Salisbury Salisbury d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS with farm DOA Peninsula General Hospital Shawnee Ave. pencil in Item 18. Give Pages be executed within 24 haurs after death. NAME OF Middle 4 DATE DECEASED OF TITLITAN WHITE DEATH (Type or print) shauld be farwarded to the Chief Medical Examiner's Office alang 5. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED within 72 haurs after death. AA WIDOWED DIVORCED land 2 1Do. USUAL OCCUPATION (Give kind of work done 1Dh KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY File pages 13. FATHER'S NAM .= INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO 17. permit. (Yes, no. or unknown) ((If ves give wor or dotes of service) "pending" IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit event \ PART I. DEATH WAS CAUSED BY Pleural effusion, left IMMEDIATE CAUSE (o) writing the ward This certificate shauld DUE TO In any Conditions, if ony, which gove Carcinoma of left lung rise to immediate couse (o). DUE TO 0 stoting the underlying couse and SD used remayal, the certificate, pe 2Do. EXTERNAL CAUSE WAS 3 shauld crematian, ar PRIMARY Or CONTRIBUTING O MESICAL EXAMINER: files. CAUSE OF DEATH. 2De. PLACE OF INJURY (Home, form, 2Dc. TIME OF INJURY Month, Doy, Year 2Dd INJURY OCCURRED Hour o.m. foctory, street, office bldg., etc.) YOUR Not While FUNERAL DIRECTOR: Page at work ot work LJ Inspection X 21. I certify that I took charge of the remains described above, held on Autopsy retained far burial, the funeral directar. Noturo couses X death resulted from Accident Suicide Homicide CHIEF MEDICAL EXAMINER Health prior to ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATUR Royer, may be DEPUTY MEDICAL EXAMINER Camden Ave 409 Salisbury, Md. Address (Street, city, town, or county) NAME OF CEMETERY OR CREMATORY 2

2 USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) b. COUNTY Wicomico c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO K Month Year 5-20-67 IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years last birthdoy) Months 12 CITIZEN OF WHAT COUNTRY 2 INTERVAL BETWEEN ONSET AND DEATH months PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) WAS AUTOPSY PERFORMED? YES X 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) (City or town) (County) (Stote) Inquiry X ond in my opinion Undetermined monner 22. DATE SIGNED May 23, 1967 LOCATION (Gity or Town) (County) (Stote) 24. FUNERAL DIRECTOR REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Jolley Funeral Home, Salisbury, Md.

VR A 15ME (5) 6M 1/67

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to the contribution of the same profits

# MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

202			07455	CERTIFICATE	OF DEATH		77/20
death death			PLACE OF DEATH			ere deceased lived, if institution: Resid	lence before admission)
5- 5-		1	Wicomico	MARYLAND	o. STATE Marv	b. COUNTY	manatan
- 10 ±			p. CITY OR TOWN (If autside corporate limits,	c. LENGTH OF STAY IN 1b		le corporote limits, write RURAL and g	rcester
y the f Pages urs afte			write RURAL and give negrest town)				and the state of
hour in by irs. P			Salisbury  B. NAME OF HOSPITAL OR INSTITUTION (If not in haspital)	574 days	d. STREET ADDRESS	HIII	J. J. Dreinener
in 24 ho illed in I papers. hin 72 ho	01						e. IS RESIDENCE ON A FARM?
hin 24 Yilled y pape Thin 72	7/		Deer's Head State Hosp		R.F.I	). #1	YES NO
with boy			NAME OF First DECEASED	Middle	Last 4.	DATE Month	Day Year
completely over carbon y event, wi		(	Type or print) BERTHA		TLLIAMS	DEATH 5	15 1967
E e E		S. :	7. MARKIE		B. DATE OF BIRTH	9. AGE (In years IF UNDE	R 1 YEAR   IF UNDER 24 HRS.
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icate b			Laborer	Farm	VC	1.	U.S.H.
physician physician ien please aval, and i		13.	FATHER'S NAME	Agriculture and the second	14. MOTHER'S MAIDEN NAM	IE AA	
th certif ling phy Then remava		ě	Damuel Willia	ams	Maga	Tie tedderi	mon
dind			WAS DECEASED EVER IN U.S. ARMED FORCES?	The same of the sa	NFORMANT	Address	11.1.01
that the death certificate be executed within 24 hours aftan.  an.  by the attending physician and completely filled in by the ransit permit. Then please remove carban papers. Pages cremation, ar remayal, and in any event, within 72 hours after the contraction.		(16	s, no or ulknown) (If yes give wor or dates of service)	18-20-7363 -	rank Illan	tin Drou	J Hill. Md.
he at			18. CAUSE OF DEATH (Enter only one couse per line		dirk fride		INTERVAL BETWEEN
at the sit main			DADT I DEATH WAS CALLEED DV.	Coronary occlus	ion		ONSET AND DEATH
tra tra			420/ DUE TO				20
physician. signed by the burial-transit			Conditions, if any, which gave ) (b)	Hypertensive ar	terioscleroti	c cardiovascular	Years
a			rise ta immediate cause (a), stating the underlying cause DUE TO			disea	se
w rading seen seen the r to			last. (c)				
e la tena is b as as prio			PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	G TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDIT	ION GIVEN IN PART 1(a)	19. WAS AUTOPSY
The se ho	1	ě.	Cerebral thrombosis; d			\-/-	PERFORMED?
AN: cate cate		CERTIFICATION		DESCRIBE HOW INJURY OCCURRED. (		Lar Part II of item 18 )	113 26 110
and the state of t		ER	OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TESTINE TO THE SECONDED TO	and holde at injury in your	Tal Fart if Or Holle 10.)	1
HYS has s ce sche ache		3		. INJURY OCCURRED 20e. PLAC	E OF INJURY (Hame, farm,	20f. (City ar town) (C	County) (State)
this det		MEDICAL	Haur a.m. Wh	ile Not While facto	ory, street, office bldg., etc.)	201, (611) 21 10411)	.oom() (sid(e)
by the start State			parti. July		tohom 18 106	Morr IE 16	67
Ped Ped			21. I certify that (I) (this haspital) atte saw the deceased alive on May.	ended the deceased framuc	dogth accurred at la	10 PM, fram causes and an	9 <u>67</u> , that (I) (we) la:
TT din To What the the the the the the the the the th			220. SIGNATURE	19 <u>07</u> , unu mui	death accorded at 45		
OR ATI be retain DIRECTO ge 3 sha			220. SIGNATURE	ald por	ATTENDING MEI	D. STAFF 25 5	DATE SIGNED 15/67
	40		22c. PHYSICIAN'S	M.D	PHYS. LJ DIR	RECTOR LI PHYS. A 2/	Md.
May RAL be fee f	1		NAME (Type) L. V. Maldve,	M. D.		d State Hospital	
TO HOSPITAL Page 4 may TO FUNERAL director, page shauld be fi	-	22-	BURIAL, CREMATION, 23b. DATE THEREOF				
Page O FUN direct shaul			PEMOVA (Specify)	23c. NAME OF CEMETERY OF C	1 6	23d. LOCATION (City or Town)	(County) (State)
5-5-0	01		Moral Director	Mit. Wesle		PROJETDAD OCH DEGISTRADIC	MOY. 111a.
VR A15 (4)		24.	A SA	& NEw Chil	h Va. DATE MAY	REGISTRAR 25b. REGISTRAR'S	Can Judge
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### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE HEALTH DEPT. any deloy is ond 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page and 2 with the Stote Deportment of necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, TO DEPUTY MENTCAL EXAMINER: This certificate should be executed within 24 hours ofter deoth. If

deoth. TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File Health prior to buriol, cremotion, or removal, and in any event within 72 ha 5 moy be retained for your files.

VR A15ME (5)

97456	MEDICAL EXAMINE	R'S CERTIFICATE OF DEATH	67431
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, if i	
o. COUNTY Wicomico	MARYLAN		Accomack
b. CITY OR TOWN (If outside corpore	7.77.07.00	8	
write RURAL and give nearest to	wn)		
Salisbur	V	Atlantic	83.3
	N (If not in haspital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Peninsul	a General Hospital	Box 181	YES NO
3. NAME OF DECEASED (Type or print) HET	First Middle INIE FLETCHER W	VILLIAMS  OF DEATH	Manth Day Year 5-28-67 19
S. SEX 6. COLOR OR R	ACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In ye	ears IF UNDER 1 YEAR   IF UNDER 24 HRS.
F AA	WIDOWED 🔀 DIVORCED		yrs.
10o. USUAL OCCUPATION (Give kind of wo during most of working life, even if retires	rk done 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY? U. S.A.
13. FATHER'S NAME	rittingham	14. MOTHER'S MAIDEN NAME	Fields
15. WAS DECEASED EVER IN U.S. ARMED F (Yes, ng, arunknawn) (If yes give war o	ORCES? 46. SOCIAL SECURITY NO.	17 INFORMANY P. Had Dane B.	Address Bx. 184
PART I. DEATH WAS CAUSED	DUE TO	estruction	CASET AND DEATH
PART II. OTHER SIGNIFICANT COND	TIONS CONTRIBUTING TO DEATH BUT NOT RELATED	D TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I	1(a) 19. WAS AUTOPH PERFORMU? YES NO
20a. EXTERNAL CAUSE WAS PRIMARY   Or CONTRIBUTING	20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in Part I or Part II of item	18.)
20c. TIME OF INJURY Month, Day, Hour a.m. p.m.	Year 20d. INJURY OCCURRED 20 While Nat While at work at work	e. PLACE OF INJURY (Hame, farm, factory, street, affice bldg., etc.)	wn) (Caunty) (State)
death resulted from:  ACTUAL SIGNATURE FOR FAMILY FOR F	DATE THEREOF 23C NAME OF CEMETER ADDRESS	Suicide , Hamicide , Undetermin  CHIEF MEDICAL EXAMINER   M.D. ASSISTANT MEDICAL EXAMINER   DEPUTY MEDICAL EXAMINER  Address (Street, city, tawn, ar caunty)  RY OR CREMATORY 23d. LOCATION (City)  25a. REC'D BY REGISTRAR 2	May 29, 1967  Y or Town (County) (State)  The Accoract, 1965  SSb. REGISTRAR'S SIGNATURE
wnarton & Davage	, New Church, Va.	DATE JUN 5 1967	Minutes Judge

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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		ACE OF DEATH COUNTY Wicomic	O MARYLA	o. STATE		b. COUNTY	
he State Department	b.	CITY OR TOWN (If outside corporate lin	mits.   c. LENGTH OF STAY IN				
		write RURAL and give nearest town)			Salisbury		22.1
	d.	NAME OF HOSPITAL OR INSTITUTION (II		d. STREET	ADDRESS		e IS RESIDENCE ON A FARM?
80		Peninsula G	eneral Hospital		Route 2, Jers	sey Rd.	YES NO NO
3	D	AME OF ECEASED ype or print) HE	First Middle NRY HOLLOWAY	WILLIAM	IS OF DEATH		
) s	. SE	X 6. COLOR OR RACE  AA	7. MARRIED NEVER MARRIED WIDOWED DIVORCED		lost	birthdoy) Months	Doys Hours Min.
		ISUAL OCCUPATION (Give kind of work do a most of working life, even if retired)	one IDb. KIND OF BUSINESS OR INDUSTRY	11. BIRTH	IPLACE (Stote or foreign country)	12. CIT	UNTRY?
	3. 1	ATHER'S NAME				10.8	S.A.
72 hours	5	VAS DECEASED EVER IN U.S. ARMED FORCE	S? 16. SOCIAL SECURITY NO.	Mar:	y Williams	Address	
hin 7		no, or unknown) (If yes give war or dot			Williams Jer	1100.000	alis Md.
event within		18. CAUSE OF DEATH (Enter only one PART I. DEATH WAS CAUSED BY: IMMEDIATE CAL	Desertance of die				INTERVAL BETWEEN
buriol-tronsit permit. File poges of only event within 72 hours after		Conditions, if ony, which gove	(p)				
and in o		ise to immediote couse (o), toting the underlying couse ast.	DUE TO				
_	Allon	PART II. OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT NOT RELATI	D TO THE TERMINAL	. DISEASE CONDITION GIVEN IN PA	ART 1(o)	19 WAS AUTOPSY PERFORMED? YES NO
	CERTIFIE	2Do. EXTERNAL CAUSE WAS PRIMARY □ or CONTRIBUTING □ CAUSE OF DEATH.	2Db. DESCRIBE HOW INJURY OCCL	RRED. (Enter noture	Maryland  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Salisbury  d. STREET ADDRESS  ROUTE 2, Jersey Rd.  Lost  ADTE OF DEATH  P. AGE (In years)  B. DATE OF BIRTH  P. AGE (In years)  B. DATE OF BIRTH  P. AGE (In years)  Lost In Jume 1 Jume 24 HRS  Lost butthdoy  Look b		
= =	MEDICAL	2Dc. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m.	r 2Dd. INJURY OCCURRED 21 While Not While of work of work			or town) (Cou	inty) (Stote)
	1		arge of the remains described abay				and in my apinio
buriol,	1	death resulted from: Nat	ural causes X, Accident ,	Suicide ,		mined manner [	
r to b		ACTUAL	-/				22. DATE SIGNER
eolth prior			yer, M.D.	7n.U.	ping.	.Tir	me 2. 1967
= 2		NAME (Type) 109 Camden	. / 1	d. Ad	ddress (Street, city, fown, or cour	ity)	
Heolth 2	30.	BURIAL, CREMATION, 23b. DATE REMOVAL (Specify)	THEREOF 23c. NAME OF CEMETE	RY OR CREMATORY			, , , ,
	24	REMOVAL (Specify) Burial 6/6/ FUNERAL DIRECTOR	67 Green ac	res			
(5)		Clinton Stewart,	Salisbury, Md.		3014 6 18	167° "good	res Judge.
7		JETHOUT DOGWAL O	Darrobur y of 1200		DAIL		0 0

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

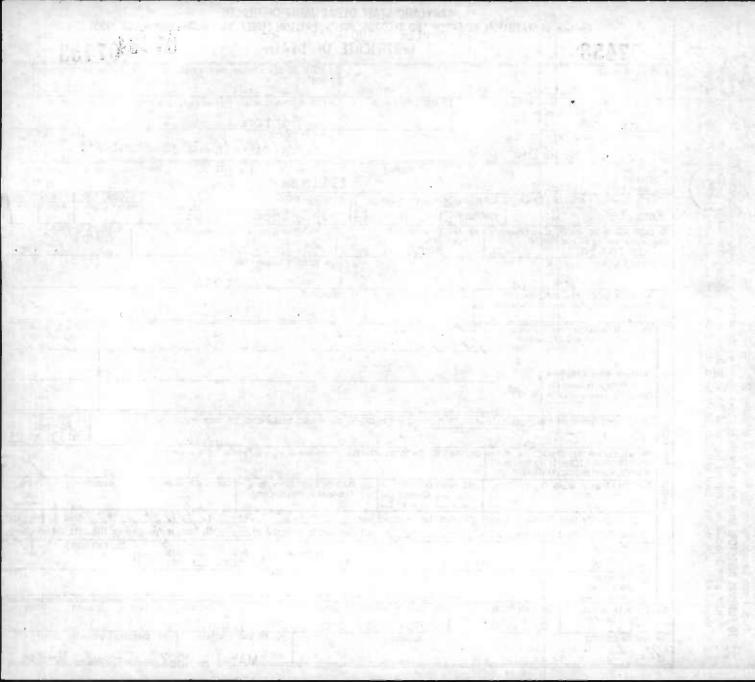
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	0.630	0		421(1111	47111	01 52/11/1			U	500	
1.	PLACE OF DEATH					2. USUAL RESIDENCE	(Where deced			te before odn	nission)
	a. COUNTY Wi	comico		MARYL	AND	a. STATE Mary	land	b. COU	INTY THE	icomi	COW
-		If outside corporate limit	S,	c. LENGTH OF STAY IN		c. CITY OR TOWN (If o	outside corpor	ote limits, write RU			
	write RURAL on Hebro	d give neorest town)		3		Hebro	on			23	2.1
		AL OR INSTITUTION (If no	ot in hospital, g	ive street oddress)		d. STREET ADDRESS					RESIDENCE
-	Vicomico	Nursing	Home			B6644/8/		410 Ches	stmut :	St YES	A FARM?
3.	NAME OF DECEASED (Type or print)	Marv	rst	Middle C.	Wi	lliams	4. DATE OF DEATH	May	nth	Doy 7	Year 19 67
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	П	B. DATE OF BIRTH		9. AGE (In years	IF UNDER I		NDER 24 H
]	Female	C	WIDOWED	DIVORCED		1/2/1886	5	lost birthdoy) yrs.	Months	Doys Ho	
	o. USUAL OCCUPATION oring most of working Domesti			ND OF BUSINESS OR DUSTRY None		11. BIRTHPLACE (Count	y & Stote, or f	oreign country)	12. CIT COI	IZEN OF WHA	S.A
13	3. FATHER'S NAME			110110		14. MOTHER'S MAIDEN					
		Unknown			100	,	Jnkno	Wn			
		R IN U.S. ARMED FORCES?		OCIAL SECURITY NO.	17. 1	NFORMANT	JIINIIO	Addi	ress		
	Yes, no, or unknown)	(If yes give wor or dotes			107 4	llard Wi	lliam	e Hebr	on, N	arvla	and
H	NO	EATH (Enter only one cou		(a) ((b) and (a))	1 11 7	11010 111.	rright	11	, ,	INTERVAL	
		TH WAS CAUSED BY:	///	1	1 5	L- H/a	1	1/		ONSED A	
	1000	IMMEDIATE CAUSE	(0)	enoucle	Make	c Head	6/1	KLLLA	-	27	14
	4 8.00	DUE	то (							0	
	Conditions, if ony		(b)								
	rise to immedio										
	last.	infind conse	(c)	Control of the contro							
	PART II. OTHER S	IGNIFICANT CONDITIONS O		O DEATH BUL NOT RELA	TED TO I	THE TERMINAL DISEASE CO	ONDITION GIV	/EN IN PART 1(o)		19. WAS	AUTOPS
IS	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  19. WAS AUTOPSY PERFORMED?  YES NO  200. ACCIDENT WAS UNDERLYING   200. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)  OR CONTRIBUTING CAUSE OF DEATH  OF EITHER NOTIFY MEDICAL EXAMINER.)										
FICA	20o. ACCIDENT WA	S HINDEDIVING TO	20h DE	COIDE HOW MILIPY OC	dippph/	(Enter noture of injury in	Port Lor Po	ort II of item 18)		165	] 110
		CAUSE OF DEATH MEDICAL EXAMINER)	200. 00.	DERIBE HOW INSORT OC	OWIT	Center holdre of injury in	110111011				2
MEDICAL	20c. TIME OF INJ	URY Month, Day, Yeor				CE OF INJURY (Home, for		(City or town)	(Cau	ınty)	(Stot
MA	Hour o.	m. 19	While of work	Not While of work	10(1	ory, street, office bldg., et	C.)	On1			
		ify that (1) (this has	spital aftend	led the deceased t	fram	1/22/68	19	to Mary	1. 196	that (	I) (we
		leceased alive on_				death accurred o	ıtt	M, from capses	and an th	ne date st	ated o
	220. SIGNATURE		11	, 7				3/	22b. D/	ATE SIGNED	
	de	. / /	12/	1	J.M	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.			
	22c. PHYSICIAN'	and the	- CANON	ar -	111.0	22d. ADDRESS	DIRECTOR				
	NAME (Type										
2	20 DUDIAL CDEMATE	ON. 23b. DATE TH	EDEAE	23c. NAME OF CEMET	TEDV OP	CDEMATORY	224 1	OCATION (City or To	owal	(County)	(Stot
1	<ol> <li>BURIAL, CREMATI REMOVAL (Specify</li> </ol>	4								` ''	
-	Burial	0/11/	/67	ADDRESS	00 (	Cemetery	QUE.	ntico	WICOR		Md
-	24. FUNERAL DIRECTO	DA DA	1	AUDKESS	-M		LUBI KEGIS	23D. K	EGISTRAK 3 3	IGNATURE	
	ceny y	# Xteller	et	Jakes -	11/1	7/ DATE	MAY 1	5 1907	ocho	rea V	11/1/3
								ET EN WELL	71	- 77	17

VR A15 (4) 20 M 1/66

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haufage 4 may be retained by the haspital ar attending physician.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07459		CERTIFICATE	OF DEATH		07434	
1. PLACE OF DEATH o. COUNTY Wicon	nico	MARYLAND	2. USUAL RESIDENCE (V	Where deceosed lived,	if institution: Residen b. COUNTY Kei	1
b. CITY OR TOWN (If outside corp write RURAL and give nearest SALL:	town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	tside corporote limits,	write RURAL ond give	neorest town)
d. NAME OF HOSPITAL OR INSTITU			d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED	First L.TAM	Middle ERNEST	lost WILLIS	4. DATE OF DEATH	Month	Doy Year 28 19 67
S. SEX 6. COLOR OF	R RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In 6 8th bir	yeors IF UNDER	
10o. USUAL OCCUPATION (Give kind of during most of working life, even if ret Farming 13. FATHER'S NAME	ired) INI	NO OF BUSINESS OR DUSTRY  Triculture	11. BIRTHPLACE (County  Kent Co.  14. MOTHER'S MAIDEN  Willi	Maryla	try) 12. CI	IZEN OF WHAT UNTRY?
1S. WAS DECEASED EVER IN U.S. ARME (Yes, no, or unknown) (If yes give we	D FORCES? 16. S	OCIAL SECURITY NO. 17.	NFORMANT Obert Will		Address	e. Md.
1B. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUST IMMEDICATED I		of prostate wi	th widespre	ad metasta	ases	INTERVAL BETWEEN OUSET AND DEATH Syears
PART II. OTHER SIGNIFICANT CO		O DEATH BUT NOT RELATED TO				19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF D	EATH NINER)		CE OF INJURY (Home, form			unty) (Stote)
p.m,	19 While of work	Not While of foct	ory, street, office bldg., etc.			
saw the deceased ali 220. SIGNATURE	(this hospital) attend we an May 28 Myllin Mitchell,	ll M.	ATTENDING PHYS. 22d. ADDRESS	5:20 P.M., fram  MED. STA  DIRECTOR PH	causes and an the	57, that (I) (we) la ne date stated abov ATE SIGNED 29/67 Md. Salisbury
REMOVAL (Specify)	5-31-67	23c. NAME OF CEMETERY OR Still Pond	Cemty		Pond K	(County) (Stote) ent Md.
Victor M. Fe	unedy,	Still Pond		by registrar 1 1967	2Sb. REGISTRAR'S S	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after deoth **TO FUNERAL DIRECTOR:** After this certificate hos been signed by the ottending physicion director, page 3 should be detoched for use as the burial-transit permit. Then please should be filed with the State Dept. of Health priar to burial, crematian, or removal, and a Page 4 may be retained by the hospital or attending physician.

orban papers. Pages L and Ant, within 72 hours after death

completely filled in by the

VR A15 (4) 25M 1/67

TOWN OR DOWN STATE ON PRESENT Lighting in the carried the fi promoted late, included and a late of the angle grant both and and Carried Anna B

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		07460	CERTIFICATE	OF DEATH	07/195
E SE	1.	PLACE OF DEATH o. COUNTY Wicomico	MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if inso o. STATE Maryland	county Wicomico
by the fur Pages to ours after		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write Salisbury	RURAL and give nearest town)
filled in E popers.	0	d. NAME OF HOSPITAL OR INSTITUTION (If not in	hospitol, give street oddress)	d. STREET ADDRESS 141 Second St.	e. IS RESIDENCE ON A FARM? YES NO
cuted within 24 haurs of property of the control of	3.	NAME OF DECEASED (Type or print) Norvell	Middle	LOST 4. DATE OF DEATH ME	Month Day Year 27 1967
executed with	S.	M 1 1/	DIVORCED ET	8. DATE OF BIRTH 9. AGE (In year lost birthdo 52 Y	y) Months Doys Hours Min.
	du	o. USUAL OCCUPATION (Give kind of work done ring most of warking life, even if retired)  Laborer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & lute, or foreign country)  Maryland	12. CITIZEN OF WHAT COUNTRY?
certificate be g physicion o Then please maval, and i		Resse Winder		14. MOTHER'S MAIDEN NAME Sarah Wilson	Kerketa
ottending permit. The	(Y	. WAS DECEASED EVER IN U.S. ARMED FORCES? es, na, or unknown) (If yes give war ar dotes af se Yes W. War II	ervice)	NFORMANT 2566 Na irley Jones Washin	
thot the on. by the or consit percremation		18. CAUSE OF DEATH (Enter only one couse PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	& le-mosteria	throug anter aneury	INTERVAL BETWEEN ONSET AND DEATH
quires th physicion signed by burial-tro ouriol, cre		Conditions, if any, which gove (b) (ise to immediate couse (o),	Cardiae an	reof	
the low recottending phos been size os the bhis prior to be		stating the underlying cause (c)			a) 19. WAS AUTOPSY
ICIAN: The pital or otte rificote hos of for use or of Heolth pr	CERTIFICATION			THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4	PERFORMED? YES NO
<b>5 PHYSICIAN</b> the hospital of this certificol detached for the Dept. of He		20o. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		(Enter noture of injury in Part I ar Part II af item 18	
	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour a.m. p.m. 19	While Nat While of work of work of work	CE OF INJURY (Home, form, ory, street, office bldg., etc.)	/
bed. ed		21. I certify that (I) (this hospit saw the deceased olive on	al) attended the deceased tram	t death accurred at 3 M, from rou	ses and an the date stoted obove
L OR A be ret DIRECT DIRECT OF SI S		22c. PHYSICIAN 3	Herpes M.	D. ATTENDING MED. DIRECTOR PHYS.	0 3/29/67
TO HOSPITAL OR ATTENE Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the	23	name (Type)  g. Burial, Cremation, 23b. Date there	OF 23c. NAME OF CEMETERY OR	CREMATORY 23d. LOCATION (City	ar Tawn) (Caunty) (State)
2-5		REMOVAL (Specify) 5/31/67 4. FUNERAL DIRECTOR	7 Green Arces		Wicomico Md.  D. REGISTRAR'S SIGNATURE
VR A15 (4) 20 M 1/66	1 17	lintar of I tewa	st Salis - 2	DATEMAY 3 1 1957	Megalla Careno

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE. MARYLAND 21201 07461

CERTIFICATION

MEDICAL

80

24. FUNERAL DIRECTOR

	07461	CERTIFICAT	TE OF DEATH			07/12		
	PLACE OF DEATH D. COUNTY Wicomico	MARYLAND	II CTATE	(Where deceos	sed lived, if institution b. COUNTY			
	o. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SALISBUTY	c. LENGTH OF STAY IN 16	il ,	outside corporo Lisbury	ote limits, write RURAL 7	ond give neores $22^{\circ}$	t town)	
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol Peninsula Gene:		d. STREET ADDRESS Can	nden Av	renue		e. IS RESIDENCE ON A FARM? YES NO	
s. 7	NAME OF DECEASED Type or print)  6. COLOR OR RACE  7. MARRIET  WIDOWEL  USUAL OCCUPATION (Give kind of work done)  10b.		Lost  8. DATE/OF BIRTH  December 9  11. BIRTHPLACE (Coun	,1904	lost birthdoy) 62 yrs.	IF UNDER 1 YEAR Months Doys  12. CITIZEN OF	19 / 7 IF UNDER 24 HRS Hours Min.	
duri	ng most of working life, even if retired)	INDUSTRY Seafood		ter Cou	unty, Md.	COUNTRY?		-
	John Albert Wrig  WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (If yes give wor or dates of service) NO	5. SOCIAL SECURITY NO. 17	7. INFORMANT Harry F. Wri		A. Quillen Address ederalsbur		land	
	18. CAUSE OF DEATH (Enter only one couse per line f PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediote couse (o), stoting the underlying couse lost.  18. CAUSE OF DEATH (Enter only one couse per line f PART 1. DEATH (Enter only one couse per line f PART 1. DEATH (Enter only one couse per line f PART 1. DEATH (Enter only one couse per line f PART 1. DEATH (Enter only one couse per line f PART 1. DEATH WAS CAUSED BY:  UNDERTOON DUE TO  (c)	or (o), (b), and (c).) Leto status Pland	i Carcu	nomo.	D Pa	retis on	ERVAL BETWEEN SET AND DEATH	
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED F	TO THE TERMINAL DISEASE C	CONDITION GIVE	EN IN PART 1(o)		WAS AUTOPSY PERFORMED?	
MEDICAL CERTIFICATION	200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE			rt II of item 18.)			1
MEDICA	Hour o.m. Whi		PLACE OF INJURY (Home, fo foctory, street, office bldg., el		(City or town)	(County)	· (Stote)	
	220. SIGNATURE PHYSICIAN'S NAME (Type) NABIL F	Wassal Wassal WARSA	M.D. ATTENDING PHYS.  22d. ADDRESS  Pen	MED. DIRECTOR	M, fram couses ar  STAFF PHYS. B	and an the date 22b. DATE SIGN	20.67 20.67	ve
230	BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF May 24, 19	23c. NAME OF CEMETERY C			OCATION (City or Town Williamsb		, , ,	

**10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospital ar attending physician. VR A15 (4) 20 M 1/66

2So. REC'D BY REGISTRAR 1967

Md. 25b. REGISTRAR'S SIGNATURE

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# M [07

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07437

07462

CERTIFICATE OF DEATH

00200					
1. PLACE OF DEATH				(Where deceosed lived, if institution	
a. COUNTY Wicomics	)	MARYLAND	o. STATE Mary	land b. COUN	Dorchester
b. CITY OR TOWN (If autside carpara	ite limits.	c. LENGTH DF STAY IN 1b		outside carparate limits, write RUR	
write RURAL and give nearest to	wn)	6 2000	Camb	ridge	19.3
d. NAME DF HDSPITAL DR INSTITUTION		6 days	d. STREET ADDRESS	i luge	T e IS RESIDENCE
				110	ON A FARM?
	Head State		RFD	#2	YES NOX
3. NAME OF DECEASED	First	Middle	Last	4. DATE Month	
	ROSE	TAYLOR	WRIGHTSON	DEATH 5	29 19 67
S. SEX 6. COLOR OR R	ACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	Months Days Hours Min.
F	WIDOWED	DIVORCED	12/4/193	73 yrs.	
10o. USUAL OCCUPATION (Give kind of wo		ND OF BUSINESS OR IDUSTRY	11. BIRTHPLACE (Count	y & State, or foreign country)	12. CITIZEN OF WHAT CDUNTRY?
during most of working life, even if retires	ZK I''	IDUSTKT	Caroli	ne Co., Md.	U.S.
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
Marion R. Tay	lor		Anni	e H. Sweeney	
IC WAS DECEASED EVED IN HIS ADMED E	ODCECO 16	SOCIAL SECURITY NO. 17	INFORMANT	Addres	35
(Yes, no prunknawn) (If yes give war o	r dates af service)		Mr. J. A.W	night con P 1	D.#2 Camb.
			II. O. H.W	rightson h.i	INTERVAL BETWEEN
1B. CAUSE OF DEATH (Enter only PART 1. DEATH WAS CAUSED	D1/				ONSET AND DEATH
	CAUSE (a) Bro	onchopneumoni	a, right lun	g	3 days
471 X	DUE TD				
Conditians, if ony, which gove inse to immediate cause (o),	(b)				
stating the underlying cause	DUE TO				
last.	(c)				
PART II. OTHER SIGNIFICANT COND			THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
Recurrent cere	bral thro	mbosis			YES NO
Recurrent cere  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEA		SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Port I or Part II of item 18.)	
OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMIN					
20c. TIME OF INJURY Month, Day,	,	NJURY OCCURRED 20e. F	LACE OF INJURY (Home, far	rm. 20f. (City or town)	(Caunty) (State)
Hour 'a.m.	While	Not While f	actary, street, affice bldg., et		
p.m.	ui wui		Marr 22	10.6.7 to Marz 20	, 1967, that (I) (we) los
21. I certify that (I) (th	hospital) attend	ded the deceased fram.	may 2)	1901 10 May 27	and on the date stated obove
saw the deceased alive	on 1123 27	19 <u>01</u> , and II	iai dealh occurred d	TELD AM, Itam causes o	22b. DATE SIGNED
22a. SIGNATURE	March	ues	ATTENDING [	MED. STAFF DIRECTOR PHYS.	E /OO // ?
22c. PHYSICIAN'S	many	My	M.D. PHYS.	DIRECTOR L PHYS. A	5/29/67 <sub>Md</sub> .
	Maldve, M	D (		lead State Hosp:	
PEMOVAL (Speciful)	DATE THEREOF	23c. NAME OF CEMETERY D		23d. LOCATION (City or Tov	
	1/67	Dorchester	Mem. Park	Cambridge	
24. FUNERAL DIRECTOR	(1	ADDRESS	25q. REC		GISTRAR'S SIGNATURE
Kaneth Ilan	nes L. CI	amhridge Md	PYKIN	5 1967 Jac	

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician and cympletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please carbon popers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. Page 4 may be retained by the hospitol or ottending physician. VR A15 (4) 25M 1/67

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

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